

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2006 08:00 AM  
Secretary of State

DOCUMENT # N00000000099

1. Entity Name

FULL GOSPEL FELLOWSHIP ASSEMBLY, INC.



Principal Place of Business

6 E. JOHNSON AVE.  
PENSACOLA FL 32514

Mailing Address

A T CHANCE, PASTOR  
8600 BOWMAN AVE  
PENSACOLA FL 32534



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHANCE, A T  
8600 BOWMAN AVE.  
PENSACOLA FL 32543

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CHANCE, A.T.  
8600 BOWMAN AVE.  
PENSACOLA FL 32534 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BUNTING, MATTIE  
129 KATHY CIR.  
PENSACOLA FL 32514 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CHANCE, MARY  
8600 BOWMAN AVE.  
PENSACOLA FL 32534 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
000000427449  
02/21/06-80007-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE *A.T. Chance Pastor*

2/1/06 800 428 9286