


**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N01000000703</b> 1. Entity Name <b>FULL GOSPEL PHILADELPHIA CHURCH OF FLORIDA, INC.</b>	
---	---

Principal Place of Business <b>P.O. BOX 2062 CRESTVIEW, FL 32536</b>	Mailing Address <b>801 GAVERNIE CT CRESTVIEW, FL 32539 US</b>
---	--



01212007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-0203339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WELTON &amp; WILLIAMSON LLC 1020 FERDON BLVD S CRESTVIEW, FL 32536</b>	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000707321  
04/24/07-80066-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAN, OK SOON 801 GAVERNIE COURT CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, BILL 1299 EAST JAMES LEE BLVD. CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ADRIAN, JEONG OCK 2951 STILLWELL BLVD. CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, ELMER 6128 HACIENDA LANE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SETTLES, RON 5828 LAKE DRIVE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **OK SOON HAN (LIFE PASTOR)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-10/07** Daytime Phone # \_\_\_\_\_