

FILED
Jul 11, 2002 8:00 am
Secretary of State

04-02-2002 90956 048 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000002716

1. Entity Name

FULL GOSPEL ASSEMBLY INC. OF VERO BEACH

Principal Place of Business

625 20TH ST. SUITE 501
VERO BEACH FL 32960

Mailing Address

PO BOX 1597
VERO BEACH FL 32960

2. Principal Place of Business

665 20 street
Suite, Apt. #, etc.
1500

3. Mailing Address

PO BOX 1597
Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach FL

4. FEI Number

65-1092344

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEAN-JUSTE, JEAN-BAPTISTE
1755 41 AVE
VERO BEACH FL 32960

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME JEAN-JUSTE, JEAN-BAPTISTE (pastor)
STREET ADDRESS 1755 41 AVE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE D
NAME JEAN-JUSTE, YOLANDE (Assistant-pastor)
STREET ADDRESS 1755 41 AVE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE TD
NAME LACROIX, MARIE-EGLE (T) (Committee)
STREET ADDRESS 585 8TH LANE, APT 103
CITY-ST-ZIP VERO BEACH FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Maude Desiron (Committee)
STREET ADDRESS PO Box 1597
CITY-ST-ZIP Vero Beach, FL 32961

TITLE
NAME Veronique Barlatier (Change)
STREET ADDRESS 441 SW Dauphin Ave
CITY-ST-ZIP Port Saint Lucie, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JEAN-BAPTISTE JEAN-JUSTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 (561) 713-3991

Date

Signature Phone #