2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002716

FILED May 19, 2008 Secretary of State

Entity Name: FULL GOSPEL ASSEMBLY INC. OF VERO BEACH

Current P	rincipal Place of Business:	New Principal Place of Business:
4420 29 A\ CHURCH	/E.	
	ACH, FL 32962	
Current M	ailing Address:	New Mailing Address:
4420 29 A\	/E.	4420 29 AVE.
CHURCH VERO BCI	H, FL 32962	CHURCH VERO BEACH, FL 32962
		Imber Not Applicable () Certificate of Status Desired ()
	ce with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:	Name and Address of New Registered Agent:
JEAN-JUS	TE, JEAN-BAPTISTE	
1755 41 A\ VERO BEA	/E ACH, FL 32960 US	
	named entity submits this statement for the purpose of Florida.	of changing its registered office or registered agent, or both
SIGNATUF	RE:	
	Electronic Signature of Registered Agent	Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Vame:	PASD () Delete JEAN-JUSTE, JEAN-BAPTISTE	Title: () Change () Addition Name:
Address:	1755 41 AVE	Address:
City-St-Zip:	VERO BEACH, FL 32960	City-St-Zip:
Γitle: Name:	CSD () Delete JEAN-JUSTE, YOLANDE	Title: () Change () Addition Name:
Address:	1755 41 AVE	Address:
City-St-Zip:	VERO BEACH, FL 32960	City-St-Zip:
Γitle:	CD () Delete	Title: () Change () Addition
Vame:	JEAN-JUSTE, FITHA	Name:
Address: City-St-Zip:	1755 41 AVE. VERO BCH, FL 32960	Address: City-St-Zip:
Γitle:	S () Delete	Title: () Change () Addition
Name:	BARLATIER, VERONIQUE	Name:
Address:	441 SW DAUPHIN AVE	Address:
City-St-Zip:	PORT SAINT LUCIE, FL 34953	City-St-Zip:
Γitle:	CD () Delete	Title: () Change () Addition
Vame:	LACROIX, MARIE EGLA	Name:
Address:	585 8TH LANE	Address:
City-St-Zip:	VERO BEACH, FL 32960	City-St-Zip:
Γitle:	CD () Delete	Title: () Change () Addition
Name:	LACROIX, YLRICK	Name:
Address:	585 8TH LANE VERO REACH EL 32060	Address:
City-St-Zip:	VERO BEACH, FL 32960	City-St-Zip:
	wife, that the information constitute with this filing door	1 15 5 11 11 11 11 11 11 11

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONIQUE BARLATIER S 05/19/2008