


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90303 017 \*\*\*\*61.25

|   |   |   |
|---|---|---|
| <b>DOCUMENT # N01000007395</b>  |   |  |
| 1. Entity Name<br><b>T.H.E. FULL CORNERSTONE GOSPEL CHURCH INC.</b>                 |   |   |
| Principal Place of Business<br><b>1534 SE 1ST AVE<br/>GAINESVILLE FL 32653-1345</b> |   | Mailing Address<br><b>6331 NW 32ND ST<br/>GAINESVILLE FL 32653-1345</b>           |
| 2. Principal Place of Business<br><b>1534 SE 1ST AVE</b><br>Suite, Apt. #, etc.     | 3. Mailing Address<br><b>6331 NW 32ND ST</b><br>Suite, Apt. #, etc. |   |
| City & State<br><b>GAINESVILLE, FL</b>  | City & State<br><b>GAINESVILLE, FL</b>                              |   |
| Zip<br><b>32653</b>   | Country<br><b>ALACHUA</b>   | Zip<br><b>32653-1345</b>  |
| Country<br><b>ALACHUA</b>   |   |   |



1st MOORE CR2E037 (10/04)

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|---|--|--|
| 4. FEI Number<br><b>59-3465936</b>                        |  | Applied For<br><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<br><b>JENKINS, CLARENCE SR, REV<br/>6331 NW 32ND STREET<br/>GAINESVILLE FL 32653</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 Rev. Clarence Jenkins Sr. DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>JENKINS, CLARENCE S REV<br/>6331 NW 32ND ST<br/>GAINESVILLE FL 32653</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>JENKIN, MYRA L<br/>6331 NW 32ND ST.<br/>GAINESVILLE FL 32653</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>COOK, LAWANNA<br/>P.O. BOX 1214<br/>ALACHUA FL 32616</b> <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>MACK, BERNICE<br/>1304 NE 1ST AVE<br/>GAINESVILLE FL 32601</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TR<br/>HOWARD, LARRY<br/>1220 NE 23RD AVE<br/>GAINESVILLE FL 32601</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |

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 time empowered.

SIGNATURE Rev. Clarence Jenkins Sr. Date 352-3760262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR