2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED AND FILED

07 MAY 30 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-07-2007 90065 002 ****17.50
05-07-2007 90065 002 ****68.25

1st MOORE CR2E037 (10/06)

DOCUMENT # N01000007395

1. Entity Name

T.H.E. FULL CORNERSTONE GOSPEL CHURCH INC.

Principal Place of Business	Mailing Address
~~1631 SE 1ST AVE~~ Moves GAINESVILLE FL 32641 6107 N.E. 59th Street Gainesville, Fl 32641	6331 NW 32ND ST GAINESVILLE FL 32653-1345

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6107 NE. 59th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, Fl	City & State
Zip: 32641 Country: USA	Zip Country

4. FEI Number: 59-3465936 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JENKINS, CLARENCE SR, REV 6331 NW 32ND STREET GAINESVILLE FL 32653	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 reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENKINS, CLARENCE S REV 6331 NW 32ND ST GAINESVILLE FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JENKIN, MYRA L 6331 NW 32ND ST. GAINESVILLE FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Johnnie Karl Blake~~ ~~304 N.E 47th Terr~~ ~~Gainesville, Fl 32641~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COOK, LAWANNA P.O. BOX 1214 ALACHUA FL 32616	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Blake, Johnnie Karl 304 N.E 47th Terr Gainesville, Fl 32641	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ELLIS, RUTHAS 1221 NE 6TH AVE GAINESVILLE FL 32609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FAYSON, MINNIE 740 NE 23RD AVE GAINESVILLE FL 32609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JONES STACEY, LUCILLE 6331 NW 32 ND STREET GAINESVILLE FL 32653-1345	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Clarence Jenkins Sr 4-15-07 3523760612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #