

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90046 002 ****75.00

DOCUMENT # N01000007395

1. Entity Name

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



Principal Place of Business

6107 NE 59TH ST
GAINESVILLE FL 32641
US

Mailing Address

6331 NW 32ND ST
GAINESVILLE FL 32653-1345
US

2. Principal Place of Business - No P.O. Box #

6107 NE 59th Street

3. Mailing Address

6331 NW 32nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

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

JENKINS, CLARENCE SR
6331 NW 32ND STREET
GAINESVILLE FL 32653

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. 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, 2008

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

TITLE D ☐ Delete
NAME JENKINS, CLARENCE S
STREET ADDRESS 6331 NW 32ND ST
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE DT ☐ Delete
NAME JENKINS, MYRA L
STREET ADDRESS 6331 NW 32ND ST
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE D ☐ Delete
NAME BLAKE, JOHNNIE K
STREET ADDRESS 304 NE 47TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE S ☐ Delete
NAME ELLIS, RUTHAS
STREET ADDRESS 1221 NE 6TH AVE
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE T ☒ Delete
NAME FAYSON, MINNIE
STREET ADDRESS 740 NE 23RD AVE
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE T ☐ Delete
NAME JONES STACEY, LUCILLE
STREET ADDRESS 6331 NW 32ND ST
CITY-ST-ZIP GAINESVILLE FL 32653-1345

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME Mr. Billie N. Ellis
STREET ADDRESS 1221 N.E. 6th Ave
CITY-ST-ZIP GAINESVILLE, FL 32641

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2008 \$352376-0612