2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jul 20, 2005 8:00 am **Secretary of State DOCUMENT # N01000008265** 07-20-2005 90026 033 ****61.25 FULL GOSPEL TABERNACLE OF ZEPHYRHILLS, INC. Principal Place of Business Malling Address OTPUDDO 5438 8TH ST 5438 8TH ST ZEPHYRHILLS, FL 33540-ZEPHYRHILLS, FL 33540 33542 33542 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07152005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-3759686 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLEMING, DOUGLAS 5438 8TH ST Street Address (P.O. Box Number is Not Acceptable) ZEPHYRHILLS, FL: 335407 33542 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) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Addition TITLE ☐ Delete Fleming, Gary 6035 Lewis DR. NAME, FLEMING, GARY NAME 6035 LEWIS DR STREET ADDRESS STREET ADDRESS Zephyrhills, FL 33542 CITY-ST-ZIP ZEPHYRHILLS, FL 33540 33542 CITY-ST-ZIP Henry, Martha J 6011 Oakdale Rd. TITLE Delete TITLE Thange Addition NAME HENRY, MARTHA J NAME 5728 APOLLO RD Haines City, FL 33844 STREET ADDRESS STREET ADDRESS ZEPHYRHILLS: FL 33540 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Trustee Par Change ☐ Addition Fleminy, Norma J 3046 Anata Deive Zephyrhills, FL 33541 CHILDS, JAMES SR. NAME NAME STREET ADDRESS 6128 MINERVA ST. STREET ADDRESS ZEPHYRHILLS, FL 33542 CITY-ST-ZP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE ROOD, AL NAME NAME STREET ADDRESS 7034 JASON DR STREET ADORESS ZEPHYRHILLS, FL 33541 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME BARRY, EDMOND M NAME STREET ADDRESS 38819 ALSTON AVE. STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS, FL 33542 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

7.18.05 (813)