

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90038 018 ****61.25

DOCUMENT # N01000008265			
1. Entity Name FULL GOSPEL TABERNACLE OF ZEPHYRHILLS, INC.			
Principal Place of Business 5438 8TH ST ZEPHYRHILLS, FL 33542 US		Mailing Address 5438 8TH ST ZEPHYRHILLS, FL 33542 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03082006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3759686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLEMING, DOUGLAS 5438 8TH ST ZEPHYRHILLS, FL 33540		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	T FLEMING, NORMA J 3046 ANATA DRIVE ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENRY, MARTHA J 6011 OAKDALE ROAD HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLEMING, GARY 6035 LEWIS DRIVE ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROOD, AL 7034 JASON DR ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARRY, EDMOND M 38819 ALSTON AVE. ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained 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 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: Douglas Fleming Douglas Fleming 3-18-06 (813) 779-7670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40035909

3/08/06 ~~-----~~ CORPORATE DETAIL RECORD SCREEN 11:33 AM
NUM: NO1000008265 ST:FL ACTIVE/FL NON-PROF FLD: 11/19/2001
FEI#: 59-3759686
NAME : FULL GOSPEL TABERNACLE OF ZEPHYRHILLS, INC.
PRINCIPAL: 5438 8TH ST CHANGED: 07/20/05
ADDRESS ZEPHYRHILLS, FL 33542 US
RA NAME : FLEMING, DOUGLAS
RA ADDR : 5438 8TH ST
ZEPHYRHILLS, FL 33540
ANN REP : (2003) A 01/23/03 (2004) A 03/18/04 (2005) A 07/20/05

1. MENU, 3. OFFICERS

ENTER SELECTION AND CR: