

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91235 010 ****61.25

DOCUMENT # N02000000273

1. Entity Name

FULL GOSPEL FELLOWSHIP MINISTRIES, INC.



Principal Place of Business

4801 BROADWAY
WEST PALM BEACH FL 33407

Mailing Address

4801 BROADWAY
WEST PALM BEACH FL 33407

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1113446

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

ALLEN, EDGAR
1569 W 21ST STREET
RIVIERA BCH FL 33404

Name

Same

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

Edgar Allen

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, 2004**

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 PD ☐ Delete
NAME ALLEN, LYNN
STREET ADDRESS 1569 WEST 21ST ST.
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE Director ☐ Change ☒ Addition
NAME Henry Fuse Jr.
STREET ADDRESS 1152 Southport Ct.
CITY-ST-ZIP Wellington, Fla. 33414

TITLE VD ☐ Delete
NAME ALLEN, EDGAR
STREET ADDRESS 1569 WEST 21ST ST.
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE Director ☐ Change ☒ Addition
NAME Diane Poole
STREET ADDRESS 11549 67th Place North
CITY-ST-ZIP West Palm Beach, Florida 33412

TITLE D ☒ Delete
NAME SCOTT, KEVIN
STREET ADDRESS 4773 N. AUSTRALIAN AVE 102
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE TS ☐ Delete
NAME WILLIAMS, DIEDRE
STREET ADDRESS 3305 WINDSOR AVE
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE D ☒ Delete
NAME JONES, WILLIAM
STREET ADDRESS 4801 BROADWAY BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE

Edgar Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #