

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000273

FILED
Apr 25, 2006
Secretary of State

Entity Name: FULL GOSPEL FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

4801 BROADWAY
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

4801 BROADWAY
WEST PALM BEACH, FL 33407

New Mailing Address:

POST OFFICE BOX 9224
RIVIERA BEACH, FL 33419

FEI Number: 65-1113446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLEN, LYNN
Address: 1569 WEST 21ST ST.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VD () Delete
Name: ALLEN, EDGAR
Address: 1569 WEST 21ST ST.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: TS () Delete
Name: WILLIAMS, DIEDRE
Address: 3305 WINDSOR AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: POOLE, DIANE
Address: 11549 67TH PLACE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D () Delete
Name: HOLLOWMAN, AUBRY SR
Address: 490 W 33RD ST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: WILLIAMS, DIEDRE
Address: 802 WEDGEWOOD PLAZA DRIVE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: RAINEY, MAE F
Address: 1805 WEST BLUE HERON BLVD., #C-206
City-St-Zip: RIVIERA BEACH, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN M. ALLEN

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date