

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000273

FILED
May 05, 2009
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:

2620 N. AUSTRALIAN AVENUE
SUITE 103
WEST PALM BEACH, FL 33407

Current Mailing Address:

POST OFFICE BOX 9224
RIVIERA BEACH, FL 33419

New Mailing Address:

FEI Number: 65-1113446 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALLEN, EDGAR
135 PHEASANT RUN
WEST PALM BEACH, FL 33415 US

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: 135 PHEASANT RUN
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD () Delete
Name: ALLEN, EDGAR
Address: 135 PHEASANT RUN
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TS () Delete
Name: MORELANS, DIEDRE
Address: 3305 WINDSOR AVENUE
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: HOLLOMAN, AUBRY SR
Address: 490 W 33RD ST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: RAINEY, MAE F
Address: 1004 W. 6TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 ALLEN

DIR

05/05/2009

Electronic Signature of Signing Officer or Director

Date