


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

01-13-2003 90688 043 ****61.25

DOCUMENT # N02000001023

1. Entity Name
FULL GOSPEL CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business
**1302 E. CALHOUN STREET
PLANT CITY FL 33568**

Mailing Address
**1302 E. CALHOUN STREET
PLANT CITY FL 33568**

2. Principal Place of Business
446 N. Wabash Ave.

3. Mailing Address
446 N. Wabash Ave.

Suite, Apt. #, etc.

City & State
Lakeland Florida

City & State
Lakeland Florida

Zip
33809

Country
U.S.



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**REAVES, HEROLD W
1302 E. CALHOUN STREET
PLANT CITY FL 33568**

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE **1-9-03**

FILE NOW: FEE IS \$61.25

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

| | | |
|----------------|-----------------------------|--|
| TITLE | Elder | <input checked="" type="checkbox"/> Delete |
| NAME | Willie Pope | |
| STREET ADDRESS | 260 Ridge Dale Drive | |
| CITY-ST-ZIP | Lakeland, FL 33809 | |
| TITLE | Sister | <input type="checkbox"/> Delete |
| NAME | Vanessa Pope | |
| STREET ADDRESS | 260 Ridge Dale Drive | |
| CITY-ST-ZIP | Lakeland, FL 33809 | |
| TITLE | Pastor | <input type="checkbox"/> Delete |
| NAME | Herold Reaves Jr | |
| STREET ADDRESS | 1302 E Calhoun St. | |
| CITY-ST-ZIP | Plant City, FL 33568 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|--|
| TITLE | Minister | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ronald Stronge - T | |
| STREET ADDRESS | 1443 W. 10th St. | |
| CITY-ST-ZIP | Lakeland, FL 33809 | |
| TITLE | Sister | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Evelyn Stronge - T | |
| STREET ADDRESS | 223 N. Valencia St | |
| CITY-ST-ZIP | Lakeland, FL 33805 | |
| TITLE | Deacon | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Carlose Ramon Myrick - T | |
| STREET ADDRESS | 4907 Henton Rd. | |
| CITY-ST-ZIP | Plant City, FL 33567 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **Herold Reaves** 1-9-03 813-763-1760

DATE: 1-9-03 DAYTIME PHONE #

CR2E037 (10/02)