


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

**FILED**

**Apr 25, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N02000004202</b> 1. Entity Name FULFILLING GOD'S PURPOSE CHURCH, INC.	
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Principal Place of Business 18709 US 41 SOUTH SPRING HILL, FL 34610	Mailing Address PO BOX 311453 TAMPA, FL 33680-1453
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04042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0632533	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  BAKER, JANICE 6209 N 22ND ST TAMPA, FL 33610
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**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, JANICE 6209 N 22ND ST TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, LASHAWN 1416 E BOUGAINVILLEA ST TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKER-MITCHELL, LATIKA 6601 N NEBRASKA TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT XAVIER, MITCHELL 3910 E. JEAN ST. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000531577  
05/06/06-80048-018 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:  **4-4-06 813-2367820**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #