

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90058 002 \*\*\*\*70.00

<b>DOCUMENT # N02000004667</b>					
<b>1. Entity Name</b> FULL GOSPEL COMMUNITY SERVICE CENTER HOLDING CORP., INC.					
<b>Principal Place of Business</b> 1904 EAST OSBORNE AVENUE TAMPA, FL 33610			<b>Mailing Address</b> 1904 EAST OSBORNE AVENUE TAMPA, FL 33610		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 310836			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tampa, FL			
Zip	Country	Zip 33680	Country Hillsborough		
<b>4. FEI Number</b> NOT APPLICABLE					
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> DOUGLAS, ROBERT J 4423 48TH STREET TAMPA, FL 33610			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> DOUGLAS, ROBERT J		<input type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4423 48TH STREET	<b>CITY-ST-ZIP</b> TAMPA, FL 33610			<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____
<b>TITLE</b> VD	<b>NAME</b> GRACE, BENETTA		<input type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2610 28TH AVENUE	<b>CITY-ST-ZIP</b> TAMPA, FL 33610			<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____
<b>TITLE</b> TD	<b>NAME</b> MAYLOR-CALDWELL, DEBRA		<input type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1820 E. FAIRBANKS	<b>CITY-ST-ZIP</b> TAMPA, FL 33604			<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____
<b>TITLE</b> SD	<b>NAME</b> HEAD, GLORIA		<input type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4812 N. 43RD STREET	<b>CITY-ST-ZIP</b> TAMPA, FL 33610			<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____
<b>TITLE</b> D	<b>NAME</b> TAYLOR, TOYE		<input type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 38715 B AVE.	<b>CITY-ST-ZIP</b> ZEPHYRHILLS, FL 33540			<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete	<b>TITLE</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____			<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____
<b>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.</b>					
<b>SIGNATURE:</b> <i>Robert J. Douglas</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	

4-3-05 813. 626-1471