


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000004667	
1. Entity Name FULL GOSPEL COMMUNITY SERVICE CENTER HOLDING CORP., INC.	

Principal Place of Business 1904 EAST OSBORNE AVENUE TAMPA, FL 33610	Mailing Address P.O. BOX 310836 TAMPA, FL 33680
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01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOUGLAS, ROBERT J 4423 48TH STREET TAMPA, FL 33610

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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 DOUGLAS, ROBERT J 4423 48TH STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRACE, BENETTA 2610 26TH AVENUE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAYLOR-CALDWELL, DEBRA 1820 E. FAIRBANKS TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEAD, GLORIA 4812 N. 43RD STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, TOYE 38715 B AVE. ZEPHYRHILLS, FL 33540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000621652 02/12/07-80025-015 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Robert J. Douglas (Agent) 1-19-07 813-626-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #