

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004667

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** FULL GOSPEL COMMUNITY SERVICE CENTER HOLDING CORP., INC.

**Current Principal Place of Business:**

1904 EAST OSBORNE AVENUE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 310836  
TAMPA, FL 33680

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

DOUGLAS, ROBERT J  
4423 48TH STREET  
TAMPA, FL 33610 US

**Name and Address of New Registered Agent:**

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: DOUGLAS, ROBERT J  
Address: 4423 48TH STREET  
City-St-Zip: TAMPA, FL 33610

Title: VD ( ) Delete  
Name: GRACE, BENETTA  
Address: 2610 26TH AVENUE  
City-St-Zip: TAMPA, FL 33610

Title: TD ( ) Delete  
Name: MAYLOR-CALDWELL, DEBRA  
Address: 1820 E. FAIRBANKS  
City-St-Zip: TAMPA, FL 33604

Title: SD ( ) Delete  
Name: HEAD, GLORIA  
Address: 4812 N. 43RD STREET  
City-St-Zip: TAMPA, FL 33610

Title: D (X) Delete  
Name: TAYLOR, TOYE  
Address: 38715 B AVE.  
City-St-Zip: ZEPHYRHILLS, FL 33540

**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:

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: GLORIA HEAD

SD

05/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date