

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90169 001 ****61.25

08-20-2007 90169 002 *****8.75

00041170



08152007 Chg-NP CR2E037 (12/06)

DOCUMENT # N02000006216 1. Entity Name FULL GOSPEL COMMUNITY CHURCH, INC.			
Principal Place of Business 6178 SHARP LN JAY, FL 32565		Mailing Address 6178 SHARP LN JAY, FL 32565	
2. Principal Place of Business - No P.O. Box # 6199 Gainey Ford Rd Suite, Apt. #, etc.		3. Mailing Address 6178 Sharp Lane Suite, Apt. #, etc.	
City & State Jay, Florida Zip 32565		City & State Jay, Florida Zip 32565	
Country US		Country US	
4. FEI Number 51-0426227		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALHOUN, EARNIE 6178 SHARP LN JAY, FL 32565		7. Name and Address of New Registered Agent Name William E Thompson Jr. Street Address (P.O. Box Number is Not Acceptable) 6178 Sharp Lane City Jay FL Zip Code 32565	
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 <u><i>William E Thompson Jr.</i></u> DATE <u>8-15-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALHOUN, EARNIE 6178 SHARP LN JAY, FL 32565	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, WILLIAM E JR 6178 SHARP LN JAY, FL 32565	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, TONYA 6178 SHARP LN JAY, FL 32565	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>William E Thompson Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8-15-07</u> Daytime Phone # <u>(850) 675-3886</u>	