

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-28-2004 90202 008 ****61.25

DOCUMENT # N03000002491 1. Entity Name FULL GOSPEL CHURCH OF GOD, INC.					
Principal Place of Business 1625 N CONGRESS AVE #223 WEST PALM BEACH, FL 33401			Mailing Address 1625 N CONGRESS AVE #223 WEST PALM BEACH, FL 33401		
2. Principal Place of Business 1111 Fairfield drive Suite, Apt. #, etc. 1111 Fairfield drive City & State Mangonia Park FL Zip 33407			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 04-3652899			04222004 Chg-NP CR2E037 (10/03) ☒ Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent DERILUS, OSIAS 3555 HARLOWE AVE BOYNTON BEACH, FL 33436		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			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, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD ANDRESOL, JEAN ROBERT 1625 N CONGRESS AVE #223 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PIERRE, LANES 8254 NE 4TH AVE BOYNTON BEACH, FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BLAISE, MONIQUE 1625 N CONGRESS AVE #223 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Andresol, Jean Robert</u> 04/26/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					