

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # N03000006900

1. Entity Name

Full Gospel Assembly of Fort Myers, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 6962

Suite, Apt #, etc

3. Mailing Address

P.O. Box 6962

Suite, Apt. #, etc,

City & State
Fort Myers, Florida

City & State
Fort Myers, Florida

Zip
33911

Country
USA

Zip
33911

Country
USA

4. FEI Number
20-1533598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert V. Rosenwasser

Street Address (P.O. Box Number is Not Acceptable)
5650 NE 2nd Avenue

City
Miami

FL **Zip Code**
33137

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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE	President/CEO/Director
NAME	Joseph R. Gabriel
STREET ADDRESS	1938 Golfview Avenue
CITY-ST-ZIP	Fort Myers, Florida 33901
TITLE	Corporate Secretary/Director
NAME	Natacha Gabriel
STREET ADDRESS	1938 Golfview Avenue
CITY-ST-ZIP	Fort Myers, Florida 33901
TITLE	Executive Vice President/Director
NAME	Rev. Emy Etienne, Sr.
STREET ADDRESS	749 NE 82nd Street
CITY-ST-ZIP	Miami, Florida 33138
TITLE	Board Advisor/Ex-Officio Member
NAME	Clifton H. Rodriguez, CPA
STREET ADDRESS	3146 NW 68 Street
CITY-ST-ZIP	Ft. Lauderdale, Florida 33309-1206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	
NAME	
STREET ADDRESS	400040690494
CITY-ST-ZIP	08/31/04--01028--003 **122.50
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph R. Gabriel* **Pastor Joseph Gabriel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/2004
Date

(239)292-7357
Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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