

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

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90005 045 \*\*\*\*61.25

**DOCUMENT #** N03000006900

**1. Entity Name**

Full Gospel Assembly of Fort Myers, Inc.

**DO NOT WRITE IN THIS SPACE**

40008590

|   |         |   |         |
|---|---------|---|---------|
| <b>2. Principal Place of Business</b><br>P.O. Box 6962<br>Suite, Apt #, etc |         | <b>3. Mailing Address</b><br>P.O. Box 6962<br>Suite, Apt. #, etc, |         |
| City & State<br>Fort Myers, FLORIDA   |         | City & State<br>Fort Myers, FLORIDA                               |         |
| Zip<br>33911  | Country | Zip<br>33911  | Country |

DO NOT WRITE IN THIS SPACE

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| <b>4. FEI Number</b><br>20-1533598                                      |  | <b>Applied For</b><br>Not Applicable |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>        |  | \$8.75 Additional Fee Required       |  |
| <b>7. Name and Address of Current Registered Agent</b>                  |  |                                      |  |
| Name<br>Joseph R. Gabriel   |  |                                      |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>2501 Davis Street |  |                                      |  |
| City<br>Fort Myers  |  |                                      |  |
| FL  |  | Zip Code<br>33916                    |  |

**DO NOT WRITE  
IN THIS SPACE**

**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** Joseph R. Gabriel **Joseph R. Gabriel** **1/25/2007**  
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** \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

**Make Check Payable to**  
**Florida Department of State**

| 10. OFFICERS AND DIRECTORS                            |   | 11.   |                                       |
|---|---|---|---------------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Senior Pastor/Chairperson/Trustees</b><br>Rev. Joseph R. Gabriel<br>2501 Davis Street<br>Fort Myers, Florida 33916                                   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Corporate Secretary/Director/Trustee</b><br>Natacha Gabriel<br>2501 Davis Street<br>Fort Myers, Florida 33916  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Vice President/Trustee/Director</b><br>Rev. Emy Etienne, Sr.<br>749 NE 82nd Street<br>Miami, Florida 33138   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Trustee/Director</b><br>Paul Jean St. Phard<br>12433 NE Miami Court<br>Miami, Florida 33161  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Trustee/Director</b><br>Emy Etienne, Jr.<br>749 NE 82nd Street<br>Miami, Florida 33138   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Board Advisor/Ex-officio member</b><br>Clifton H. Rodriguez, MPA, CPA, CIA<br>3146 NW 68th Street, Suite No.1<br>Fort Lauderdale, Florida 33309-1206 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

**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 **Joseph R. Gabriel, CEO** **1/15/2007** **(239) 292-7357**  
Signature and Typed or Printed Name of Signing Officer or Director **Date** **Daytime Phone #**