

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006900

FILED
Aug 07, 2009
Secretary of State

Entity Name: FULL GOSPEL ASSEMBLY OF FT. MYERS, INC.

Current Principal Place of Business:

PO BOX 6962
FORT MYERS, FL 33911

New Principal Place of Business:

2420 HIGHLAND AVE
FORT MYERS, FL 33916

Current Mailing Address:

3146 NW 68 STREET
FORT LAUDERDALE, FL 333091206 US

New Mailing Address:

P.O. BOX 6962
FORT MYERSE, FL 33911 US

FEI Number: 20-1533598 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

GABRIEL, JOSEPH
1938 GOLFVIEW AVENUE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

GABRIEL, JOSEPH
2501 DAVIS ST
FORT MYERS, FL 33916 US

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: JOSEPH R GABRIEL

08/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: GABRIEL, JOSEPH ED/D
Address: 1938 GOLFVIEW AVEUNE
City-St-Zip: FT. MYERS, FL 33901

Title: TD () Delete
Name: SAINT PHARD, JEAN PAUL
Address: 12433 NE MIAMI COURT
City-St-Zip: MIAMI, FL 33161

Title: CSD () Delete
Name: GABRIEL, NATACHA
Address: 1938 GOLFVIEW AVENUE
City-St-Zip: FT. MYERS, FL 33901

Title: EVPD () Delete
Name: ETIENNE, EMY REV
Address: 749 NE 82ND STREET
City-St-Zip: MIAMI, FL 33138

Title: BAE0 () Delete
Name: RODRIGUEZ, CLIFTON H CPA
Address: 3146 NW 68 STREET
City-St-Zip: FT. LAUDERDALE, FL 333091206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: GABRIEL, JOSEPH ED/D
Address: 2501 DAVIS ST
City-St-Zip: FT. MYERS, FL 33916

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CSD (X) Change () Addition
Name: GABRIEL, NATACHA
Address: 2501 DAVIS ST
City-St-Zip: FT. MYERS, FL 33916

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: JOSEPH R GABRIEL

D

08/07/2009

Electronic Signature of Signing Officer or Director

Date