

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03034

FILED  
Jan 06, 2007  
Secretary of State

Entity Name: FULL GOSPEL HOLINESS CHURCH, INC.

## Current Principal Place of Business:

14471 SE 5TH PLACE  
WILLISTON, FL 32696 US

## New Principal Place of Business:

20 E NOBLE AVE  
WILLISTON, FL 32696 US

## Current Mailing Address:

14471 SE 5TH PLACE  
WILLISTON, FL 32696 US

## New Mailing Address:

FEI Number: 59-2556618      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOUSH, LESTER W REV.  
14471 SE 5TH PLACE  
WILLISTON, FL 32696 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOUSH, LESTER  
Address: 14471 SE 5TH PLACE  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: HOUSH, DREMA  
Address: 14471 SE 5TH PLACE  
City-St-Zip: WILLISTON, FL 32696

Title: VD ( ) Delete  
Name: RAMOS, ROLANDO  
Address: 12151 NE 10TH ST  
City-St-Zip: WILLISTON, FL 32696

Title: ST ( ) Delete  
Name: RAMOS, RHONDA  
Address: 12151 NE 10TH ST  
City-St-Zip: WILLISTON, FL 32696

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: LESTER HOUSH

PD

01/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date