

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03034

FILED
Jan 07, 2009
Secretary of State

Entity Name: FULL GOSPEL HOLINESS CHURCH, INC.

Current Principal Place of Business:

20 E NOBLE AVE
WILLISTON, FL 32696 US

New Principal Place of Business:

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

Title: VD () Delete
Name: RAMOS 111, ROLANDO
Address: 21 SW 8TH PLACE APT 204
City-St-Zip: WILLISTON, FL 32696

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

Title: S () Delete
Name: RAMOS, KRYSTAL
Address: 21 SW 8TH PLACE APT 204
City-St-Zip: WILLISTON, FL 32696

Title: V (X) Delete
Name: GAY, WILLIE
Address: PO BOX 1346
City-St-Zip: HAWTHORNE, FL 32640

Title: T (X) Delete
Name: HACHMAN, SADIE
Address: 4850 NE 132 CT
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HOUSH, LESTER W
Address: 14471 SE 5TH PLACE
City-St-Zip: WILLISTON, FL 32696

Title: PD (X) Change () Addition
Name: RAMOS JR, ROLANDO
Address: 12151 NE 10TH ST
City-St-Zip: WILLISTON, FL 32696 US

Title: T (X) Change () Addition
Name: RAMOS, DINAH B
Address: 12151 NE 10TH ST
City-St-Zip: WILLISTON, FL 32696 US

Title: VD (X) Change () Addition
Name: GAY, WILLIE
Address: PO BOX 1346
City-St-Zip: HAWTHORNE, FL 32640 US

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: LESTER W HOUSH

D/S

01/07/2009

Electronic Signature of Signing Officer or Director

Date