

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N04000005037**

1. Entity Name  
**FULL GOSPEL CHAPEL, INC.**



**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**8431 BLUESTEM COURT  
JACKSONVILLE, FL 32244**

Mailing Address  
**8431 BLUESTEM COURT  
JACKSONVILLE, FL 32244**



01062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-2225219**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BANKOVICS, VITAUTS  
8431 BLUESTEM COURT  
JACKSONVILLE, FL 32244**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000788398  
01/18/08-80039-015 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
BANKOVICS, VITAUTS M.S.  
8431 BLUESTEM COURT  
JACKSONVILLE, FL 32244**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
EVELYN, VICTORIA DR.  
1000 DEER SPRING DR.  
JACKSONVILLE, FL 32221**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Vitaute Bankovics* **VITAUTS BANKOVICS**

**JAN. 14, 2008**

**904-771-2505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #