2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT **FILED DOCUMENT # N04000005037** Jan 17, 2008 08:00 AM 1. Entity Name FULL GOSPEL CHAPEL, INC. **Secretary of State** Principal Place of Business Mailing Address 8431 BLUESTEM COURT 8431 BLUESTEM COURT JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244 DO NOT WRITE IN THIS SPACE 01062008 No Chg-NP CR2E037 (4/06) Applied For 4. FEI Number A CONTRACT OF STATE OF THE STAT 35-2225219 Not Applicable \$8.75 Additional 5. Certificate of Status Desired But the to be the thing of his and the constitution and the to AND SAME SCHOOL RECOMMEN BANKOVICS, VITAUTS DO NOT WRITE 8431 BLUESTEM COURT IN THIS SPACE JACKSONVILLE, FL 32244 the first the second of the mark to the wife to 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000788398 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 01/18/03-80039-015 70.00 Trust Fund Contribution. Added to Fees Due by May 1, 2008 Market State of Market State State 10. OFFICERS AND DIRECTORS The first of the first of the state of the s TITLE NAME BANKOVICS, VITAUTS M.S. The state of the s STREET ADDRESS 8431 BLUESTEM COURT CITY-ST-7IP JACKSONVILLE, FL 32244 the same of the sa TITLE And the second s NAME EVELYN, VICTORIA DR. STREET ADDRESS 1000 DEER SPRING DR. The state of the second of the CITY-ST-ZIP JACKSONVILLE, FL 32221 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME he in how here a found in the confirmation of the house of the property of the confirmation of the confirmation STREET ADDRESS The second of th CtTY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP the time the state of the first of the war therefore to service first to the settle of the set of the set of NAME The state of the s

The state of the s 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.

STREET ADDRESS CITY-ST-ZIP

VITAUTS BANKOVICS