2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2008
Secretary of State

DOCUMENT# N05000011891

Entity Name: FULL GOSPEL TABERNACLE ASSEMBLY, INC.

Current Principal Place of Business:

POST OFFICE BOCX 344157
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOCX 344157
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 20-4152779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, MACK C
222 SW 6TH CT
FLORIDA CITY, FL 33034 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: C ( ) Delete
Name: JENNINGS, DANNY
Address: 304 NW 3RD ST
City-St-Zip: FLORIDA CITY, FL 33034

Title: S ( ) Delete
Name: WELCH-JOHNSON, SANDRA
Address: 426 SW 10TH AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: T ( ) Delete
Name: WILLIAMS, CARY
Address: 1716 NW 3RD ST - # 104
City-St-Zip: FLORIDA CITY, FL 33034

Title: D ( ) Delete
Name: HATCHER, TAKEVESS
Address: 139 S REDLAND RD - # 105
City-St-Zip: FLORIDA CITY, FL 33034

Title: D ( ) Delete
Name: KEY, BETTY A
Address: 14817 SW 166 ST
City-St-Zip: MIAMI, FL 33187

Title: D ( ) Delete
Name: LEE, CHRIS
Address: 20630 SW 132ND AVE
City-St-Zip: HOMESTEAD, FL 33030

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:

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: SANDRA WELCH-JOHNSON S 02/17/2008
Electronic Signature of Signing Officer or Director — Date