

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011891

FILED
Apr 11, 2010
Secretary of State

Entity Name: FULL GOSPEL TABERNACLE ASSEMBLY, INC.

Current Principal Place of Business:

POST OFFICE BOX 344157
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 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
Name: JENNINGS, DANNY
Address: 304 NW 3RD ST
City-St-Zip: FLORIDA CITY, FL 33034

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

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

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

Title: D
Name: SMITH, SHARON D
Address: 1236 NW 16 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: D
Name: LEE, BRENDA
Address: 14500 SW 287 STREET
City-St-Zip: HOMESTEAD, FL 33033

I hereby 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 all other like empowered.

SIGNATURE: SHARON SMITH

ADMI

04/11/2010

Electronic Signature of Signing Officer or Director

Date