

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08450 (1)

1. Corporation Name

FULL GOSPEL FAITH MISSION CHURCH, INC.



Principal Place of Business

Mailing Address

303 SOUTH WASHINGTON
P.O. BOX 6697
TITUSVILLE FL 32782-3697

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P.O. BOX 6697
TITUSVILLE FL 32782-3697

3. Date Incorporated or Qualified
03/29/1985

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **5159 SO. Washington Ave.**

25 **P.O. BOX 6697**

4. FEI Number
59-0796921

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

Titusville, Fla.

Titusville, Fla.

6. Election Campaign Financing
Trust Fund Contribution ☐

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

24 Zip

25 Country

29 Zip

30 Country

32780

25

32782

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DRULEY, DONALD W.
3543 BREVARD RD.
MIMS FL 32754**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD DRULEY, DONALD W.**
STREET ADDRESS **3543 BREVARD RD.**
CITY-ST-ZIP **MIMS FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D Morris Mitchell**
1.3 STREET ADDRESS **4612 Holden Park Dr.**
1.4 CITY-ST-ZIP **MIMS, FL 32754**

TITLE ☐ DELETE
NAME **SD DRULEY, ALICE**
STREET ADDRESS **3543 BREVARD RD.**
CITY-ST-ZIP **MIMS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MOATS, FRED**
STREET ADDRESS **1018 ALBINE ST.**
CITY-ST-ZIP **PT. ST. JOHN FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D Morris Mitchell**
STREET ADDRESS **4612 Holden Park Dr.**
CITY-ST-ZIP **MIMS, FL 32754**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald W. Druley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 (407) 383-4082
Date Daytime Phone #

CR2E037 (12/95)