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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1997

DOCUMENT # N08450 (1)

1. Corporation Name

FULL GOSPEL FAITH MISSION CHURCH, INC.

Principal Place of Business

5159 S WASHINGTON AVE  
TITUSVILLE FL 32780  
US

Mailing Address

PO BOX 6697  
TITUSVILLE FL 32782-6697  
US

3. Date Incorporated or Qualified  
03/29/1985

3a. Date of Last Report  
03/11/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

2035 Cheney Hwy.

City & State

Titusville Fla.

Zip

32780

Country

US

2a. Mailing Address

26

Suite, Apt. #, etc.

P.O. Box 6697

City & State

Titusville, Fla.

Zip

32782

Country

US

4. FEI Number  
59-0796921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DRULEY, DONALD W.

STREET ADDRESS 3543 BREVARD RD.

CITY-ST-ZIP MIMS FL

TITLE SD ☐ DELETE

NAME DRULEY, ALICE

STREET ADDRESS 3543 BREVARD RD.

CITY-ST-ZIP MIMS FL

TITLE D ☐ DELETE

NAME MOATS, FRED

STREET ADDRESS 1018 ALBINE ST.

CITY-ST-ZIP PT. ST. JOHN FL

TITLE D ☒ DELETE

NAME MITCHELL, NORRIS

STREET ADDRESS 4012 HOLDEN PARK DR

CITY-ST-ZIP MIMS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D JAMES R. STEWART  
1115 Bayview Lane  
Port Orange, Fla. 32127

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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  
Date 2-10-97 (407) 267-2205  
Daytime Phone # 0018200

CR2E037 (9/96)