

DOCUMENT # N08450

1. Entity Name

FULL GOSPEL FAITH MISSION CHURCH, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90114 007 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2035 CHENEY HWY
TITUSVILLE FL 32780
US

P.O. BOX 6697
TITUSVILLE FL 32782-6697
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0796921

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MOATS, FRED
STREET ADDRESS 1018 ALBINE ST.
CITY-ST-ZIP PT. ST. JOHN FL ☒ Delete

TITLE
NAME Morris Mitchell
STREET ADDRESS 4612 Holden Park Dr.
CITY-ST-ZIP Mims, FL 32754 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Dwayne Roberts
NAME
STREET ADDRESS 3429 Kittles Street
CITY-ST-ZIP Mims, FL 32754 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)