

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009583

FILED  
May 02, 2011  
Secretary of State

**Entity Name:** FULL GOSPEL ASSEMBLY OF BREVARD, INC

**Current Principal Place of Business:**

885 AUTUM ST SE  
PALM BAY, FL 32909 US

**New Principal Place of Business:**

2865 JUPITER BLVD SE  
PALM BAY, FL 32909 US

**Current Mailing Address:**

885 AUTUM ST SE  
PALM BAY, FL 32909 US

**New Mailing Address:**

**FEI Number:** 27-3690696      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ST JUSTE, ERLANDE  
885 AUTUMN STREET SE  
PALM BAY, FL 32909 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: P  
Name: ST JUSTE, RAPHAEL  
Address: 885 AUTUMN STREET SE  
City-St-Zip: PALM BAY, FL 32909 US

Title: VP  
Name: LOUIS, FELDER  
Address: 302 DECODRE RD SE  
City-St-Zip: PALM BAY, FL 32909 US

Title: T  
Name: BELFONT, ROSA  
Address: 715 SEYMOUR ROAD NE  
City-St-Zip: PALM BAY, FL 32905 US

Title: S  
Name: MARIE NICOLE, MAXIME  
Address: 130 GALLOPO RD, SW  
City-St-Zip: PALM BAY, FL 32908 US

Title: M  
Name: CHARLES, ANATUS A  
Address: 1340 ERLANG AVENUE  
City-St-Zip: PALM BAY, FL 32909 US

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: ERLANDE ST JUSTE

RE

05/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date