

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90052 044 \*\*\*\*61.25

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # N18758</b><br>1. Entity Name<br><b>FULL GOSPEL FAITH FELLOWSHIP CHURCH, INC.</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>3009 LAURESSA LN.<br/>ORLANDO, FL 32805</b>  |  |  | Mailing Address<br><b>3009 LAURESSA LN.<br/>ORLANDO, FL 32805</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  |   |  |
| Zip  | Country  | Zip  | Country  |   |  |
| 4. FEI Number<br><b>59-2744191</b>   |  |  |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BROWN, JAMES OTIS, SR.<br/>801 29TH STREET<br/>ORLANDO, FL 32806</b>   |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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. I am familiar with, and accept the obligations of registered agent.  |  |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP <input type="checkbox"/> Delete<br><b>BROWN, JAMES OTIS<br/>2631 MONTE CARLO TR<br/>ORLANDO, FL</b>       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Brown, James Jr<br/>7121 MINNIE DR<br/>Orlando, FL 32818</b>               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV <input type="checkbox"/> Delete<br><b>BROWN, CARETHA EVANS<br/>2631 MONTE CARLO TRAIL<br/>ORLANDO, FL</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>PATTERSON, ALBERTHA<br/>1097 HAMLET COURT<br/>MAITLAND, FL 32571</b>       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>DAUNTAIN, WILLIAM<br/>2921 CLEAR WAY<br/>ORLANDO, FL 32805</b>       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>COOPER, ISABELLE<br/>2684 GRAPEVINE CREST<br/>OCOGEE, FL 34761</b>         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br><b>THOMPSON, MICHAEL<br/>2836 MESSINA AVE<br/>ORLANDO, FL 32811</b>     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Brown, James Otis<br/>2631 MONTE CARLO TRAIL<br/>Orlando, FL 32805</b>    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Brown, Caretha Evans<br/>2631 MONTE CARLO TRAIL<br/>Orlando, FL 32805</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Thompson, Michael<br/>2836 MESSINA AV<br/>Orlando, FL 32811</b>            |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |  |  |   |  |
| <b>SIGNATURE: <u>William Dauntain</u> WILLIAM DAUNTAIN</b>   |  |  |  |   |  |
| Date <b>26 JAN 2007</b> Daytime Phone # <b>407-648-2202</b>  |  |  |  |   |  |