

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N20156** (8)
1. Corporation Name
THE FULL GOSPEL PRAISE CHURCH, INCORPORATED



Principal Place of Business
**3060 E HEARTWOOD LN
HERNANDO FL 34442**

Mailing Address
**3060 E HEARTWOOD LN
HERNANDO FL 34442**

3. Date Incorporated or Qualified
04/15/1987

3a. Date of Last Report
05/12/1995

2. Principal Place of Business
21 **8 Taft Street**

2a. Mailing Address
26 **8 Taft Street**

Suite, Apt. #, etc.
22

City & State
23 **Beverly Hills, Florida**

City & State
28 **Beverly Hills, Florida**

Zip
24 **34465**

Country
25 **Citrus**

Zip
29 **34465**

Country
30 **Citrus**

4. FEI Number
59-2846797

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

**PAUGH, LENNY R.
4148 E. FARGO LN
HERNANDO FL 34442**

10. Name and Address of New Registered Agent

81 Name
Mrs. Jessie Belle Watson

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

83

84 City
Beverly Hills

FL

85 Zip Code
34465

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 **General Secretary Jessie Belle Watson** **Jessie Belle Watson** **1/26/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PAUGH, LENNY R.	
STREET ADDRESS	4148 E. FARGO LN	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PAUGH, DIANA L.	
STREET ADDRESS	4148 E. FARGO LN.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PAUGH, DIANA L.	
STREET ADDRESS	4148 E. FARGO LN.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

All previous Officers Deleted.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.O.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rev. Joseph Anthony Kemper, Sr., D.D.	
1.3 STREET ADDRESS	Route # 4 Box 238	
1.4 CITY-ST-ZIP	Decatur, Tennessee 37322	
2.1 TITLE	V.O.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Julie Lynn Kemper	
2.3 STREET ADDRESS	Rt. # 4 Box 238	
2.4 CITY-ST-ZIP	Decatur, Tennessee 37322	
3.1 TITLE	S.O.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jessie Belle Watson	
3.3 STREET ADDRESS	8 Taft Street	
3.4 CITY-ST-ZIP	Beverly Hills, Florida 34465	
4.1 TITLE	T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ms. Edna Wright	
4.3 STREET ADDRESS	4918 North Long Bow Loop	
4.4 CITY-ST-ZIP	Hernando, Florida 32642	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

All New Officers Above.

\$ deposited by bank

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: **Rev. Joseph A. Kemper, Sr.** **Rev. Joseph A. Kemper, Sr.** **1/26/96** **1-904-746-9142**
Signature, typed or printed name of signing officer or director Date Daytime Phone #
Florida #

CR2E037 (12/95)