

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20156 (8)**  
1. Corporation Name  
**THE FULL GOSPEL PRAISE CHURCH, INCORPORATED**

Principal Place of Business <b>1310 ANDREW ST. INVERNESS FL 34452</b>	Mailing Address <b>P.O. BOX 640721 BEVERLY HILLS FL 34464-0721</b>
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2. Principal Place of Business <b>21 1310 Andrew St.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 P.O. Box 640721</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/15/1987</b>		3a. Date of Last Report <b>03/07/1996</b>	
22		27		4. FEI Number <b>59-2846797</b>		Applied For Not Applicable	
23 City & State <b>Inverness, FL 34452</b>		28 City & State <b>Beverly Hills, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <b>MA</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip <b>34452</b>		29 Zip <b>34464-0721</b>		30 Country <b>CITRUS</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>WATSON, JESSIE BELLE 3517 D. VENTURA VILLAGE APTS. HERNANDO FL 34442-3944</b>		10. Name and Address of New Registered Agent <b>81 Name: Jessie Belle Watson 82 Street Address (P.O. Box Number is Not Acceptable): 3517 D. Ventura Village Apts. 83 84 City: Hernando, FL 85 Zip Code: 34442-3944</b>	
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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 Jessie Belle Watson DATE 7/31/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTS BELLE WATSON, JESSIE 3517 D. VENTURA VILLAGE APARTMENTS HERNANDO FL 34442-3944</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP KEMPER, JULIE LYNN ROUTE 4 BOX 238 DECATUR TN 37322</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP KEMPER, SR., JOSEPH A ROUTE 4 BOX 238 DECATUR TN 37322</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 [Signature] SIGNATURE REQUIRED [Signature] 1-423-334-2740

CR2E037 (4/97)