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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20156

1. Corporation Name

THE FULL GOSPEL PRAISE CHURCH, INCORPORATED

Principal Place of Business

1310 ANDREW ST.
INVERNESS FL 34452
US

Mailing Address

P.O. BOX 640721
BEVERLY HILLS FL 34464-0721



2. Principal Place of Business

21 1310 Andrew St.

Suite, Apt. #, etc.

22 Inverness, Florida

City & State

23

Zip

24 34452 25 Citrus

Country

2a. Mailing Address

26 P.O. Box 640721

Suite, Apt. #, etc.

27 Beverly Hills, Florida

City & State

28

Zip

29 34464-0721 30 Citrus

Country

3. Date Incorporated or Qualified

04/15/1987

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

9. Name and Address of Current Registered Agent

PERRY, SHARON L
1314 ANDREW ST
INVERNESS FL 34453

10. Name and Address of New Registered Agent

81 Name Perry, Sharon L
82 Street Address (P.O. Box Number is Not Acceptable)
1314 Andrew St.
83 Inverness
84 City

FL 85 Zip Code
34453

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

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 DTS
NAME BELLE WATSON, JESSIE
STREET ADDRESS P.O. BOX 278
CITY-ST-ZIP GEORGETOWN TN 37312

☐ DELETE

TITLE DVP
NAME KEMPER, JULIE LYNN
STREET ADDRESS ROUTE 4 BOX 238
CITY-ST-ZIP DECATUR TN 37322

☐ DELETE

TITLE DP
NAME KEMPER, SR., JOSEPH A
STREET ADDRESS ROUTE 4 BOX 238
CITY-ST-ZIP DECATUR TN 37322

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99 423-334-2740

CR2E037 (11/98)