## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N20349

FILED Aug 03, 2004 Secretary of State

Entity Name: THE FULL GOSPEL ASSEMBLY OF SHADY HILLS, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O ROY C. HOGAN 17945 SHADY HILL RD. SPRING HILL, FL 34610 US **New Mailing Address: Current Mailing Address:** % ROY C. HOGAN 17945 SHADY HILL RD SPRING HILL, FL 34610 FEI Number: 59-2924282 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOGAN, ROY C 17945 SHADY HILLS ROAD SPRING HILL, FL 34610 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition GREER, JOSEPH GREER, JOSEPH Name: Name: 16236 HELLEN K DR Address: 16236 HELEN K DR Address: City-St-Zip: SPRING HILL, FL 34610 City-St-Zip: SPRING HILL, FL 34610 Title: MPD Title: ( ) Delete () Change () Addition HOGAN, ROY C. Name: Name: Address: 17945 SHADY HILLS ROAD Address: City-St-Zip: SPRINGHILL, FL City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MAIETTA, CAROL Name: COLVIN, CAROL Name: Address: 17551 NICKS CR Address: 17551 NICKS CR City-St-Zip: BROOKSVILLE, FL 34610 City-St-Zip: BROOKSVILLE, FL 34610 Title: () Delete Title: VPD (X) Change ( ) Addition MCCRAY, DANNY Name: Name: MCCRAY, DANNY 16311 NICKS DRIVE Address: Address: 16311 NICKS DRIVE City-St-Zip: SPRINGHILL, FL 34610 City-St-Zip: SPRINGHILL, FL 34610 Title: () Delete Title: ( ) Change (X) Addition TAYLOR, STAN Name: Name: 18266 NELSON RD Address: Address: City-St-Zip: City-St-Zip: SPRING HILL, FL 34610 Title: () Delete Title: ( ) Change (X) Addition HORNSBY, JACK L Name: Name: Address: Address: 17201 HARMONY DR HUDSON, FL 34667 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH GREER TD 08/03/2004

MOORE, ROBERT DIRECTOR 9176 WEST ST BROOKSVILLE, F; 34601

CRAVEN, JAMES DIRECTOR 9162 WEST ST BROOKSVILLE, FL 34601

ROBERT MOORE 9176 WEST ST BROOKSVILLE, F; 34601

JAMES CRAVEN DIRECTOR 9162 WEST ST BROOKSVILLE, FL 34601