

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90100 006 ****70.00

DOCUMENT # N20349

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



Principal Place of Business

**C/O ROY C. HOGAN
17945 SHADY HILL RD.
SPRING HILL, FL 34610 US**

Mailing Address

**% ROY C. HOGAN
17945 SHADY HILL RD
SPRING HILL, FL 34610**

40076721



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2924282

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOGAN, ROY C.
17945 SHADY HILLS ROAD
SPRING HILL, FL 34610**

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **GREER, JOSEPH.**
CITY-ST-ZIP **15549 CORTEZ BLVD LOT 234
BROOKSVILLE, FL 34613**

TITLE ☐ Delete
NAME **MPD**
STREET ADDRESS **HOGAN, ROY C.**
CITY-ST-ZIP **17945 SHADY HILLS ROAD
SPRING HILL, FL**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **COLVIN, CAROL**
CITY-ST-ZIP **17551 NICKS CR
BROOKSVILLE, FL 34610**

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **MCCRAY, DANNY**
CITY-ST-ZIP **16311 NICKS DRIVE
SPRING HILL, FL 34610**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TAYLOR, STAN**
CITY-ST-ZIP **18450 FLORATON DRIVE
SPRING HILL, FL 34610**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOORE, ROBERT**
CITY-ST-ZIP **9176 WEST STREET
BROOKSVILLE, FL 34601**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **JACK HORNSBY**
CITY-ST-ZIP **17201 HARMONY DR.
HUDSON, FL. 34667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Joseph L. Greer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/07 352-799-4105