

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23241

FILED
Apr 28, 2009
Secretary of State

Entity Name: FULL GOSPEL ASSEMBLY OF DELRAY BEACH, INC.

Current Principal Place of Business:

% THOMAS L. SPALL
143 NW 6TH AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

% THOMAS L. SPALL
143 NW 6TH AVENUE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0096061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLIEN, JOSEPH
143 NW 6TH AVENUE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MILLIEN, JOSPEH R
Address: 140 NW 6TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: PD () Delete
Name: MILLIEN, IMMACULA
Address: 140 NW 6TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: TD () Delete
Name: DESRIVIERES, JOSEPH
Address: 4613 N UNIVERSITY DR # 341
City-St-Zip: CORAL SPRINGS, FL 33067

Title: SD () Delete
Name: MILIEN, JEAN-DANIEL R
Address: 140 NW 6TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: BAUBRUIN, VENANCE ARSENE
Address: 310 SE 8TH STREET
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: NORZEA, CLAUDE
Address: 450 SW 3RD AVE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLIEN, JOSPEH R
Address: 143 NW 6TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: PD (X) Change () Addition
Name: MILLIEN, IMMACULA
Address: 143 NW 6TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MILIEN, JEAN-DANIEL R
Address: 143 NW 6TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 MILLIEN

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date