

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N27606

1. Entity Name

FULLGOSPEL CHURCH OF DELIVERANCE, INC.



Principal Place of Business

1003 N 16TH ST
C/O JOHNNY F. TAYLOR
FORT PIERCE FL 34950-3249

Mailing Address

1003 N 16TH ST
C/O JOHNNY F. TAYLOR
FORT PIERCE FL 34950-3249



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0037792

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, JOHNNY F.
1003 N 16TH ST
FORT PIERCE FL 34947

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

FILE NOW: FEE IS \$61.25
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	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, JOHNNY F.	
STREET ADDRESS	3102 NAVAJO AVENUE	
CITY-STATE-ZIP	FORT PIERCE FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, RUBY	
STREET ADDRESS	2412 N 51 ST	
CITY-STATE-ZIP	FORT PIERCE FL 34946	

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, JOHNNY O'NEAL	
STREET ADDRESS	603-A ROSELYN AVENUE	
CITY-STATE-ZIP	FORT PIERCE FL 34982	

TITLE	D	<input type="checkbox"/> Delete
NAME	MUSGROVE, ARTHUR	
STREET ADDRESS	3210 KENTUCKY	
CITY-STATE-ZIP	FT PIERCE FL 34947	

TITLE	D	<input type="checkbox"/> Delete
NAME	NETTLES, ROBERT	
STREET ADDRESS	7703 NORTH BLVD	
CITY-STATE-ZIP	FORT PIERCE FL 34951	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000747969	
CITY-STATE-ZIP	05/17/07-80047-013 61.25	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		

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STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Johnny F. Taylor - Johnny F. Taylor

4-22-07

772-444-7993