

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90029 024 \*\*\*\*61.25

**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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number  
**65-0037792**

Applied For  
Not Applicable

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

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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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  
NAME TAYLOR, JOHNNY F.  
STREET ADDRESS 3102 NAVAJO AVENUE  
CITY- ST- ZIP FORT PIERCE FL ☐ Delete

TITLE SD  
NAME JONES, RUBY  
STREET ADDRESS 2412 N 51 ST  
CITY- ST- ZIP FORT PIERCE FL 34946 ☐ Delete

TITLE D  
NAME TAYLOR, JOHNNY O NEAL  
STREET ADDRESS 603-A ROSELYN AVENUE  
CITY- ST- ZIP FORT PIERCE FL 34982 ☐ Delete

TITLE D  
NAME MUSGROVE, ARTHUR  
STREET ADDRESS 3210 KENTUCKY  
CITY- ST- ZIP FT PIERCE FL 34947 ☐ Delete

TITLE D  
NAME NETTLES, ROBERT  
STREET ADDRESS 7703 NORTH BLVD  
CITY- ST- ZIP FORT PIERCE FL 34951 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE D  
NAME Taylor Melvin  
STREET ADDRESS 2550 IROQUOIS AVE  
CITY- ST- ZIP Ft. Pierce, FL 34946 ☒ Change ☐ Addition

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

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

1-22-08

772-971-7013