FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28429** **(1)**

1. Corporation Name

FULL GOSPEL WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
% LONNIE W. PENTON 100 SEMINOLE TRL. PENSACOLA FL 32506	% LONNIE W. PENTON 100 SEMINOLE TRL. PENSACOLA FL 32506

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1988**
3a. Date of Last Report: **04/11/1994**
4. FEI Number: **59-2919496** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PENTON, LONNIE W. 100 SEMINOLE TRL. PENSACOLA FL 32506	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	PENTON, LONNIE W.	12 NAME	Pugh, Dennis	
STREET ADDRESS	100 SEMINOLE TRAIL	13 STREET ADDRESS	29 Mohawk Trail	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	PENNINGTON, GLENN	22 NAME	Pennington, Glenn	
STREET ADDRESS	10101 CHEMSTRAND RD., LOT 12	23 STREET ADDRESS	2201 Bush Street	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Pensacola, FL.	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BLACK, GLENNON	32 NAME		
STREET ADDRESS	11115 LILLIAN HWY.	33 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	REGISTER, CLYDE	42 NAME		
STREET ADDRESS	3460 NORTH S STREET	43 STREET ADDRESS		
CITY-ST-ZIP	PENSCOLA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	Pugh, Dennis	52 NAME		
STREET ADDRESS	29 Mohawk Trail	53 STREET ADDRESS		
CITY-ST-ZIP	Pensacola, FL 32506	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lonnie W. Penton 4-10-95 904-456-2541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lonnie W. Penton, Pastor

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