

2/28/97 B-2498 C
FILE NOW: FILING FEE IS \$61.25

FILED
Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28429** (1)

1. Corporation Name

FULL GOSPEL WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

**2328 BUSH ST.
PENSACOLA FL 32514**

**100 SEMINOLE TRL.
PENSACOLA FL 32506-3554**



3. Date Incorporated or Qualified **09/20/1988** 3a. Date of Last Report **03/27/1996**

2. Principal Place of Business 21 <i>See Above</i> Suite, Apt. #, etc.	2a. Mailing Address 26 <i>See Above</i> Suite, Apt. #, etc.	4. FEI Number 59-2919496 Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 <i>Pensacola, FL</i> City & State	28 <i>Pensacola, FL</i> City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 <i>32514</i> Zip	25 <i>FL</i> Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
29 <i>32506-3554</i> Zip	30 <i>FL</i> Country	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, DENNIS	1.2 NAME	
STREET ADDRESS	29 MOHAWK TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNINGTON, GLENN	2.2 NAME	
STREET ADDRESS	2201 BUSH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, GLENNON	3.2 NAME	
STREET ADDRESS	11115 LILLIAN HWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGISTER, CLYDE	4.2 NAME	
STREET ADDRESS	3480 NORTH S STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENTON, LONNIE W	5.2 NAME	
STREET ADDRESS	100 SEMINOLE TRL.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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* **Lonnie W. Penton**, Feb 25, 1997; 904-456-2541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072844

CR2E037 (9/96)