

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90213 037 *****8.75

04-27-1999 90213 038 *****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N28429

1. Corporation Name

FULL GOSPEL WORSHIP CENTER, INC.

Principal Place of Business

2328 BUSH ST.
PENSACOLA FL 32514
US

Mailing Address

100 SEMINOLE TRL.
PENSACOLA FL 32506



| | | | | | |
|--|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 2212 Inda Ave. | | 09/20/1988 | |
| 22 City & State | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 Zip | | 28 Pensacola, Fl. | | 59-2919496 | |
| 24 Country | | 29 32526-8856 | | 30 | |
| 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 | |
| | | | | 85 Zip Code | |
| | | | | FL | |

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.

(NOT E: 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PUGH, DENNIS | 1.2 NAME | Advisory Board Member & Trustee |
| STREET ADDRESS | 29 MOHAWK TRAIL | 1.3 STREET ADDRESS | PUGH, Dennis |
| CITY-ST-ZIP | PENSACOLA FL | 1.4 CITY-ST-ZIP | 2212 Inda Ave. |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PENNINGTON, GLENN | 2.2 NAME | Advisory Board Member & Trustee |
| STREET ADDRESS | 2201 BUSH STREET | 2.3 STREET ADDRESS | Eden, Jerry D. |
| CITY-ST-ZIP | PENSACOLA FL | 2.4 CITY-ST-ZIP | 2212 Inda Ave. |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BLACK, GLENNON | 3.2 NAME | Advisory Board Member & Trustee |
| STREET ADDRESS | 11115 LILLIAN HWY. | 3.3 STREET ADDRESS | WALKER, DAVID |
| CITY-ST-ZIP | PENSACOLA FL | 3.4 CITY-ST-ZIP | 240 Madrid Road |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REGISTER, CLYDE | 4.2 NAME | PASTOR. ADVISORY BOARD |
| STREET ADDRESS | 3460 NORTH S STREET | 4.3 STREET ADDRESS | PENTON, LONNIE W |
| CITY-ST-ZIP | PENSACOLA FL | 4.4 CITY-ST-ZIP | 100 SEMINOLE TRL. |
| 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 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, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 850 456-2541

Date

Daytime Phone #

CR2E037 (1/98)