

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28429

1. Entity Name

FULL GOSPEL WORSHIP CENTER, INC.

Principal Place of Business

2328 BUSH ST.
PENSACOLA FL 32514
US

Mailing Address

~~2212 INDA AVENUE~~ 2328 Bush St
~~PENSACOLA FL 32523-0850~~ PENSACOLA, FL
~~US~~ 32534

2. Principal Place of Business

3. Mailing Address

2328 Bush St
Suite, Apt. #, etc.
PENSACOLA FL

Suite, Apt. #, etc.

City & State

City & State

32534

Zip

Country

Zip

Country

ESCAMBIA

4. FEI Number

59-2919496

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

PENTON, LONNIE W:
2328 BUSH ST
PENSACOLA FL 32534

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME GIPSON, BETTY
STREET ADDRESS 7405 SACHEM RD
CITY-ST-ZIP PENSACOLA FL 32506

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

TITLE DT ☐ Delete
NAME WALKER, DAVID
STREET ADDRESS 240 MADRID ROAD
CITY-ST-ZIP CANTONMENT FL 32533

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

TITLE PD ☐ Delete
NAME PENTON, LONNIE W
STREET ADDRESS 2328 BUSH ST
CITY-ST-ZIP PENSACOLA FL 32534

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

TITLE PDT ☐ Delete
NAME PENTON, LONNIE W
STREET ADDRESS 2328 BUSH ST
CITY-ST-ZIP PENSACOLA FL 32534

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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

12. 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 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:

Lonnie W. Penton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)