

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N29178** (3)  
1. Corporation Name  
**FULL GOSPEL CHRISTIAN FELLOWSHIP INC.**

*B-4125*



Principal Place of Business: **561 NW 194TH ST. MIAMI FL 33169**  
Mailing Address: **561 NW 194TH ST. MIAMI FL 33169**

3. Date Incorporated or Qualified: **11/07/1988**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0140183**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country  
25 Country  
26 Mailing Address  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip Country  
30 Country

9. Name and Address of Current Registered Agent  
**PHILIPPE-JEAN, JEAN H.  
561 N.W. 194 STREET  
MIAMI FL 33169**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PHILIPPE-JEAN, JEAN H.	
STREET ADDRESS	561 NW 194 ST.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PHILIPPE-JEAN, BERNITH	
STREET ADDRESS	561 NW 194 ST.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CLERGE, HERBERT	
STREET ADDRESS	321 N. 65 TERR. ERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<del>WITMAN, MIKE W.</del>	
STREET ADDRESS	<del>4200 NW 85 ST.</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME	JANISAN MARIE-CAMILLE	
STREET ADDRESS	1323 NE 178th ST	
CITY-ST-ZIP	NO. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: **JEAN-PHILIPPE JEAN HERNST**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-96  
Date: (305) 6540755  
Daytime Phone #

CR2E037 (12/95)