

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40624

FILED  
May 08, 2009  
Secretary of State

**Entity Name:** THE FULL GOSPEL DELIVERANCE CHURCH OF MELBOURNE, INC.

**Current Principal Place of Business:**

1010 BROTHERS AVE  
MELBOURNE, FL 329015519

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2364  
MELBOURNE, FL 32902

**New Mailing Address:**

**FEI Number:** 59-3179374      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CARTER, WILLIE B REV  
1122 GAINEY DR  
MELBOURNE, FL 32901      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CARTER, WILLIE B REV  
Address: 1122 GAINEY DR  
City-St-Zip: MELBOURNE, FL 32901

Title: D      ( ) Delete  
Name: CARTER, PEARLIE C  
Address: 1122 GAINEY DR  
City-St-Zip: MELBOURNE, FL 32901

Title: V      ( ) Delete  
Name: ALBRITTON, LOUISE  
Address: P.O. BOX 174  
City-St-Zip: GRANT, FL 32949

Title: D      ( ) Delete  
Name: WASHINGTON, ZELL REV.  
Address: 1118 GAINEY DR  
City-St-Zip: MELBOURNE, FL 32901

Title: S      ( ) Delete  
Name: SPIVEY, MINNIE  
Address: 3427 SAXON ST  
City-St-Zip: MELBOURNE, FL

Title: D      ( ) Delete  
Name: MALLET, MORRIS  
Address: 3314 ELDER ST  
City-St-Zip: TITUSVILLE, FL 32796

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE CARTER

PD

05/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date