

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46359

FILED
Apr 22, 2009
Secretary of State

Entity Name: FULL GOSPEL CHRISTIAN CENTER MINISTRIES, INC.

Current Principal Place of Business:

P. O. BOX 120475
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

851 NW 34TH AVENUE
LAUDERHILL, FL 33311 US

New Mailing Address:

FEI Number: 65-0298338 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STEPHENS, PEGGY
851 N.W. 34TH AVENUE
LAUDERHILL, FL 33311 US

Name and Address of New Registered Agent:

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: STEPHENS, JAMES
Address: 851 N.W. 34TH AVENUE
City-St-Zip: LAUDERHILL, FL 33311

Title: SD () Delete
Name: MONCRIEF, VERONICA
Address: 3330 N.W. 8TH STREET
City-St-Zip: LAUDERHILL, FL 33311

Title: D () Delete
Name: MOHORN, BURNETTE
Address: 6260 N.W. 13TH ST
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: STEPHENS, MICHAEL J
Address: 657 N.W. 21ST STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: FLOWERS, VELMA
Address: 760 N.W. 17TH COURT
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: GIRALDO, MARIA
Address: 6260 N.W. 13TH STREET
City-St-Zip: SUNRISE, FL 33313

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
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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: JAMES R. STEPHENS, JR.

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date