

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002489

1. Entity Name

FULL GOSPEL C-O-G+C HOLDING CORP., INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90049 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1904 EAST OSBORNE AVENUE  
TAMPA FL 33610

PO BOX 310836  
TAMPA FL 33680-0836

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DOUGLAS, ROBERT J  
4423 48TH STREET  
TAMPA FL 33610

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

*Elder Robert Douglas* Elder Robert J. Douglas

1-14-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES ARE \$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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOUGLAS, ROBERT J	
STREET ADDRESS	4423 48TH STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	TC	<input type="checkbox"/> Delete
NAME	PARHAM, LARRY	
STREET ADDRESS	1722 DARLINGTON DR.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HEAD, GLORIA	
STREET ADDRESS	<del>10121 N 18TH ST. APT 240</del>	
CITY-ST-ZIP	<del>TAMPA FL 33612</del>	
TITLE	T	<input type="checkbox"/> Delete
NAME	CALDWELL, DEBBRA	
STREET ADDRESS	8914 N MULBERRY ST.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Head, Gloria	
STREET ADDRESS	10355 Council way	
CITY-ST-ZIP	Tampa, Fla 33617	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caldwell, Debra	
STREET ADDRESS	1820 E. Fairbanks	
CITY-ST-ZIP	Tampa, Fla 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elder Robert Douglas* Elder Robert J. Douglas

1-14-00

813-626-1471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #