

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90110 039 ****61.25

DOCUMENT # N94000002489

1. Entity Name

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

Principal Place of Business

Mailing Address

**1904 EAST OSBORNE AVENUE
TAMPA FL 33610**

**PO BOX 310836
TAMPA FL 33680**

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

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 **PD** ☐ Delete
NAME **DOUGLAS, ROBERT J**
STREET ADDRESS **4423 48TH STREET**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Change ☒ Addition
NAME **Willie Jones**
STREET ADDRESS **5701 1/2 N Taliaferro**
CITY-ST-ZIP **Tampa, Fl 33604**

TITLE **TC** ☐ Delete
NAME **PARHAM, LARRY**
STREET ADDRESS **1722 DARLINGTON DR.**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Change ☒ Addition
NAME **Beverly W. Fey**
STREET ADDRESS **9303 N. 17th St**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **ST** ☐ Delete
NAME **HEAD, GLORIA**
STREET ADDRESS **10355 COUNCIL WAY**
CITY-ST-ZIP **TAMPA FL 33617**

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

TITLE **T** ☐ Delete
NAME **CALDWELL, DEBRA**
STREET ADDRESS **1820 EAST FAIRBANKS**
CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Douglas 1-31-02 (613)
Date Daytime Phone # **626-1471**

CR2E037 (9/01)