


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000002489 1. Entity Name FULL GOSPEL C-O-G-I-C HOLDING CORP., INC.		
Principal Place of Business 1904 EAST OSBORNE AVENUE TAMPA, FL 33610	Mailing Address PO BOX 310836 TAMPA, FL 33680	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DOUGLAS, ROBERT J 4423 48TH STREET TAMPA, FL 33610		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO DOUGLAS, ROBERT J 4423 48TH STREET TAMPA, FL 33610	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC PARHAM, LARRY 1722 DARLINGTON DR. TAMAP, FL 33619	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HEAD, GLORIA 4812 N 43RD ST TAMPA, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALDWELL, DEBBRA 1820 EAST FAIRBANKS TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, WILLIE 4709 N 10TH APT A TAMPA, FL 33603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Robert J Douglas (Agent)</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-19-07 (813) 626-1471 <small>Date Daytime Phone #</small>



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

U00000624203
02/14/07-80022-006 70.00