


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90024 018 \*\*\*\*61.25

<b>DOCUMENT # N94000002489</b>	
1. Entity Name <b>FULL GOSPEL C-O-G-I-C HOLDING CORP., INC.</b>	

Principal Place of Business <b>1904 EAST OSBORNE AVENUE TAMPA, FL 33610</b>	Mailing Address <b>PO BOX 310836 TAMPA, FL 33680</b>
------------------------------------------------------------------------------------	-------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



03162008 No Chg-NP CR2E037 (4/08)

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

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
-----------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE  
IN THIS SPACE**

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:** Robert J Douglas **Robert J Douglas** 3-16-08 (813) 626-1471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #