

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N96000005113 (3)
1. Corporation Name
FULL GOSPEL MISSIONS FELLOWSHIP CHURCH, INC.



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|--|---|
| Principal Place of Business 2016A HWY 92 W AUBURNDALE FL 33823 | Mailing Address 122 LAKE SEARS DR SW WINTER HAVEN FL 33880-1227 |
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|--|--|
| 3. Date Incorporated or Qualified 10/02/1996 | |
| 4. FEI Number 59-3403472 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 |
|---|--|

9. Name and Address of Current Registered Agent
**BROWN, RICHARD L SR
122 LAKE SEARS DR SW
WINTER HAVEN FL 33880-1227**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|----------------------------|--------------------------|
| TITLE | DP | <input type="checkbox"/> |
| NAME | BROWN, RICHARD L SR | |
| STREET ADDRESS | 122 LAKE SEARS DR SW | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880-1227 | |
| TITLE | DV | <input type="checkbox"/> |
| NAME | PARKER, DOUGLAS J | |
| STREET ADDRESS | 526 ASHLEY RD | |
| CITY-ST-ZIP | POLK CITY FL 33869 | |
| TITLE | DS | <input type="checkbox"/> |
| NAME | DUDLEY, BARBARA A | |
| STREET ADDRESS | 918 AVE F NE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880-1227 | |
| TITLE | DT | <input type="checkbox"/> |
| NAME | BROWN, SARAH H | |
| STREET ADDRESS | 122 LAKE SEARS DR SW | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880-1227 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|-----------------------------|--------------------------|--------------------------|
| 1.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | MS HINES, MARY H | | |
| 3.3 STREET ADDRESS | 109 HOWARD ST. | | |
| 3.4 CITY-ST-ZIP | AUBURNDALE FL 33823 | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard L. Brown Sr **DELETED** RICHARD L. BROWN SR **FEB. 2. 98** 297-9401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056631

CR2E037 (10/97)