

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90032 013 ****61.25

0058739

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005113

1. Corporation Name

FULL GOSPEL MISSIONS FELLOWSHIP CHURCH, INC.

Principal Place of Business

2016A HWY 92 W
AUBURNDALE FL 33823

Mailing Address

122 LAKE SEARS DR SW
WINTER HAVEN FL 33880-1227



2. Principal Place of Business

21 **2886 HAVENDALE BLVD.**

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/02/1996

4. FEI Number

59-3403472

Applied For

Not Applicable

22 City & State

23 **WINTER HAVEN, FL.**

Zip

Country

27 City & State

28

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 **33881**

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, RICHARD L SR
122 LAKE SEARS DR SW
WINTER HAVEN FL 33880-1227

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **BROWN, RICHARD L SR**
STREET ADDRESS **122 LAKE SEARS DR SW**
CITY-ST-ZIP **WINTER HAVEN FL 33880-1227**

1.1 TITLE ☐ Change ☐ Addition

TITLE **DV** ☐ DELETE

NAME **PARKER, DOUGLAS J**
STREET ADDRESS **526 ASHLEY RD**
CITY-ST-ZIP **POLK CITY FL 33869**

2.1 TITLE ☐ Change ☐ Addition

TITLE **DS** ☐ DELETE

NAME **HINES, MARY H**
STREET ADDRESS **109 HOWARD ST**
CITY-ST-ZIP **AUBURNDALE FL 33823**

3.1 TITLE ☐ Change ☐ Addition

TITLE **DT** ☐ DELETE

NAME **BROWN, SARAH H**
STREET ADDRESS **122 LAKE SEARS DR SW**
CITY-ST-ZIP **WINTER HAVEN FL 33880-1227**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: **Richard L. Brown, Sr.** SIGNATURE REQUIRED: **1-26-99** **941-299-9401**

CR2E037 (11/98)