

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005113

1. Entity Name
FULL GOSPEL MISSIONS FELLOWSHIP CHURCH, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90033 032 ****61.25

Principal Place of Business 2886 HAVENDALE BLVD WINTER HAVEN FL 33881	Mailing Address 122 LAKE SEARS DR SW WINTER HAVEN FL 33880-1227
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> Delete
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"/> Delete
NAME PARKER, DOUGLAS J	
STREET ADDRESS 526 ASHLEY RD	
CITY-ST-ZIP POLK CITY FL 33869	
TITLE DS	<input type="checkbox"/> Delete
NAME HINES, MARY H	
STREET ADDRESS 109 HOWARD ST	
CITY-ST-ZIP AUBURNDALE FL 33823	
TITLE DT	<input type="checkbox"/> Delete
NAME BROWN, SARAH H	
STREET ADDRESS 122 LAKE SEARS DR SW	
CITY-ST-ZIP WINTER HAVEN FL 33880-1227	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard L. Brown, Sr. SIGNATURE REQUIRED RICHARD L. BROWN, SR. 1-13-2000 863-297-9401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)