

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005113

1. Entity Name

FULL GOSPEL MISSIONS FELLOWSHIP CHURCH, INC.

Principal Place of Business

2886 HAVENDALE BLVD  
WINTER HAVEN FL 33881

Mailing Address

122 LAKE SEARS DR SW  
WINTER HAVEN FL 33880-1227

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

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

☐ Delete

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
HINES, MARY H  
109 HOWARD ST  
AUBURNDAL FL 33823

☐ Delete

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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. 1-22-01 863-297-9401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90105 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)