


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N96000005113</b><br>1. Entity Name<br><b>FULL GOSPEL MISSIONS FELLOWSHIP CHURCH, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>2886 HAVENDALE BLVD<br/>WINTER HAVEN FL 33881</b> | Mailing Address<br><b>122 LAKE SEARS DR SW<br/>WINTER HAVEN FL 33880-1227</b> |
|---|---|



1st MOORE CR2E037 (10/04)

|   |   |     |         |
|---|---|-----|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |     |         |
| City & State  | City & State                              |     |         |
| Zip   | Country                                   | Zip | Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3403472</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>BROWN, RICHARD L SR<br/>122 LAKE SEARS DR SW<br/>WINTER HAVEN FL 33880-1227</b> |
|---|

|  |
|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P. O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
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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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | DP <input type="checkbox"/> Delete<br>BROWN, RICHARD L SR<br>122 LAKE SEARS DR SW<br>WINTER HAVEN FL 33880-1227 |
| TITLE                      | DV <input type="checkbox"/> Delete<br>DEAN, JOHN C<br>2050 THELMA DR.<br>WINTER HAVEN FL 33881                  |
| TITLE                      | DS <input type="checkbox"/> Delete<br>HINES, MARY H<br>109 HOWARD ST<br>AUBURNDALE FL 33823                     |
| TITLE                      | DT <input type="checkbox"/> Delete<br>BROWN, SARAH H<br>122 LAKE SEARS DR SW<br>WINTER HAVEN FL 33880-1227      |
| TITLE                      | <input type="checkbox"/> Delete   |
| TITLE                      | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>000000318177<br>04/20/05-80049-010 61.25 |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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. RICHARD L. BROWN, SR. 4/18/05 763-297-9401**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #