


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005113
 1. Entity Name
FULL GOSPEL MISSIONS FELLOWSHIP CHURCH, INC.



Principal Place of Business Mailing Address
2886 HAVENDALE BLVD **122 LAKE SEARS DR SW**
WINTER HAVEN FL 33881 **WINTER HAVEN FL 33880-1227**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-3403472 Not Applied

5. Certificate of Status Desired \$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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
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	DEAN, JOHN C	
STREET ADDRESS	2050 THELMA DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HINES, MARY H	
STREET ADDRESS	109 HOWARD ST	
CITY-ST-ZIP	AUBURNDALE FL 33623	
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"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000501261
 04/25/06-80054-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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