2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 17, 2008 08:00 A 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 59-3403472 Not Applicable Zip Country Z_{iD} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, RICHARD L SR Street Address (P.O. Box Number is Not Acceptable) 122 LAKE SEARS DR SW WINTER HAVEN FL 33880-1227 City 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 Signature, typed or printed warre of registered agent and the ill approache. (NOTE: Beg stared Agent signabute regulated white reinstating) 马克斯斯特特斯特斯特 网络马克斯特斯特 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DΡ THILE ☐ Delete TITLE Change ☐ Addition BROWN, RICHARD L SR U00000984373 NAME 05/01/08-8D01D-008 61.25 122 LAKE SEARS DR SW STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880-1227 CITY - ST - ZIP CITY-ST-ZiP DV TITLE ☐ Delate TITLE Change ☐ Addition DEAN, JOHN C NAME NAME 2050 THELMA DR. STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME HINES, MARY H NAME 109 HOWARD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 33823 CITY-ST-7P DT Delete THUE Change Addition BROWN, SARAH H NAME STREET ADDRESS 122 LAKE SEARS DR SW STREET ADDRESS WINTER HAVEN FL 33880-1227 CRTY-ST-ZIP CITY-ST-ZP THE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZP THLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Capture From F

it changed, or on an attachment with an address, with all other like empowered

12. Thereby certify that the information supplied with this filling 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 outri, 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.