

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90190 043 ****61.25

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.

3. Mailing Address
Suite, Apt. #, etc.

- CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-3403472** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

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	PARKER, DOUGLAS J	
STREET ADDRESS	528 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 3/21/03 (863) 297-9401

CR2E037 (10/02)