2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001556

FILED Feb 08, 2009 Secretary of State

Entity Name: SOUTH FLORIDA FULL GOSPEL ASSEMBLY, INC.

Current Principal Place of Business: New Principal Place of Business: 5225 NW 74TH TERRACE LAUDERHILL, FL 33319 **Current Mailing Address: New Mailing Address:** 5225 NW 74TH TERRACE LAUDERHILL, FL 33319 US FEI Number: 65-0752368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ABRAHAM, JOHN PASTOR 5225 NW 74TH TERRACE LAUDERHILL, FL 33319 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ABRAHAM, JOHN Name: Name: 5225 NW 74TH TERRACE Address: Address: City-St-Zip: LAUDERHILL, FL 33319 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: JOSPEH, LALETHA Name: OHAB, LINCOLN Address: 9731 NW 24TH COURT Address: 404 N W 31ST AVENUE City-St-Zip: SUNRISE, FL 33322 US City-St-Zip: FORT LAUDERDALE, FL 33311 US Title: () Delete Title: (X) Change () Addition RAMDASS, PATRICIA PALOO, MAUREEN Name: Name: 4750 NW 10TH COURT APT# 204 7867 SUNSET STRIP Address: Address: City-St-Zip: PLANTATION, FL 33313 US City-St-Zip: SUNRISE, FL 33322 US (X) Change () Addition Title: () Delete Title: Name: PALLOO, MIRANDA Name: JOSPEH, DEBBIE Address: 7867 SUNSET STRIP Address: 5900 N W 17TH PLACE, APT #113 City-St-Zip: SUNRISE, FL 33322 US City-St-Zip: SUNRISE, FL 33313 US Title: () Delete Title: () Change (X) Addition CHARLES, CLIFFORD Name: Name: 3195 FOXCROFT ROAD, APT # F112 Address: Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ABRAHAM PD 02/08/2009