03011999-90237-033-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -1 PM 12:55

DOCUMENT # N98000003641

Corporation Name
THE FULL GOSPEL METHODIST EPISCOPAL CHURCH, INC.

Principal Place of Business	Mailing Address
2100 E. 5TH ST. PANAMA CITY FL 32401	2100 E. 5TH ST. PANAMA CITY FL 32401

Principal Place of Business	26 Mailing Address	3. Date Incorporated or Qualified: 06/19/1998
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: -593-34-6066 ☐ Applied For ☐ Not Applicable
City & State	28 City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country [25]	29 Zip / Country [30]	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ALBRITTON, RICHARD JR.
1042 JENKS AVE.
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

31 Name: Irby C. Burden
32 Street Address (P.O. Box Number is Not Acceptable): 236 Scooter Drive
33
34 City: Panama City Beach FL 35 Zip Code: 32408

7. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Irby C. Burden 9-5-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE T AME REET ADDRESS TY-ST-ZIP	President Russell A. Wright, Sr 236 Scooter Drive Panama City Beach, FL 32408	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TLE T AME REET ADDRESS TY-ST-ZIP	Vice President Calvin W. Dicking 371 W. E. 2nd Street Springfield, FL 32401	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TLE T AME REET ADDRESS TY-ST-ZIP	Secretary Carolyn Leverette 911 Zana Ave Lynn Haven, FL 32444	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TLE T AME REET ADDRESS TY-ST-ZIP	Treasurer Raymond Pruitt 161 Harlem Ave Springfield, FL 32401	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TLE AME REET ADDRESS TY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TLE AME REET ADDRESS TY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (5/99)

8. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] REQUIRED 9-5-99 (850) 872-0173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #