

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003641

1. Entity Name

THE FULL GOSPEL METHODIST EPISCOPAL CHURCH, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90058 008 ****70.00

Principal Place of Business

Mailing Address

2100 E. 5TH ST.

2100 E. 5TH ST.

PANAMA CITY FL 32401

PANAMA CITY FL 32401-4000

318 School Ave
 Springfield, FL 32401

P.O. Box 35603
 Panama City, FL 32412

2. Principal Place of Business

3. Mailing Address

318 School Ave

P.O. Box 35603

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Springfield, FL

Panama City, FL

City & State

City & State

4. FEI Number

59-3346066

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

Zip
 32401

Country
 B94

Zip
 32412

Country
 B94

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURDEN, IRMA C
 236 SCOOTER DRIVE
 PANAMA CITY FL 32408

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.

SIGNATURE

Irma C Burden

March 21, 2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TP
 WRIGHT, RUSSELL A SR
 236 SCOOTER DRIVE
 PANAMA CITY FL 32408 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TV
 DICKING, CALVIN W
 3714 E 2ND STREET
 SPRINGFIELD FL 32401 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TS
 LEVERETTE, CAROLYN
 1611 IRMA AVE
 LYNN HAVEN FL 32444 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TT
 PRUITT, RAYMOND
 161 HARLEM AVE
 SPRINGFIELD FL 32401 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TT
 Terry Booker
 1825 Watkins St.
 Panama City Beach, FL 32407 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)