

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003641

1. Entity Name

THE FULL GOSPEL METHODIST EPISCOPAL CHURCH, INC.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90090 041 \*\*\*\*70.00

Principal Place of Business

318 SCHOOL AVE  
PANAMA CITY FL 32401

Mailing Address

PO BOX 35603  
PANAMA CITY FL 32412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3346066

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

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

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

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

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

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

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

TITLE TS ☒ Change ☐ Addition  
NAME Hattie Todd  
STREET ADDRESS 616 W. 26th street  
CITY-ST-ZIP LYNN HAVEN, FL 32444

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)