

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91602 037 ****70.00

DOCUMENT # N98000003641

1. Entity Name

Full Gospel Methodist Episcopal Church

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
318 School Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 35603

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Panama City, FL

City & State
Panama City, FL

4. FEI Number

☒

Applied For

Not Applicable

Zip
32401

Country
USA

Zip
32405

Country
USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Irma C. Burden

Street Address (P.O. Box Number is Not Acceptable)
236 Scooter Dr.

City Panama City, FL

FL

Zip Code
32408

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

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

(NOTE: Registered Agent signature required when reinstating)

5-22-02

DATE

FEE IS \$61.25

Initial or Amended UBR

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

Tp
TITLE President
NAME Russell A. Wright, Sr.
STREET ADDRESS 2602 W. 11th Street
CITY - ST - ZIP Panama City, FL 32401

TV
TITLE Calvin W. Dicking
NAME 3714 E. 2nd Street
STREET ADDRESS Panama City, FL 32401
CITY - ST - ZIP

TS
TITLE Hattie Todd
NAME 715 Bob Little Road
STREET ADDRESS Panama City, FL 32404
CITY - ST - ZIP

TT
TITLE Robert E. Jones
NAME 1004 Mississippi Ave
STREET ADDRESS Lynn Haven, FL 32444
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-02

Date

(850) 522-1300

Daytime Phone #

CR2E037B (12/01)