

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003641

1. Entity Name
THE FULL GOSPEL METHODIST EPISCOPAL CHURCH,
INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 22 AM 9:32

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

Zip

Country

Zip

Country

07212005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3346066

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURDEN, IRMA C
236 SCOOTER DRIVE
PANAMA CITY, FL 32408

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE TP
NAME WRIGHT, RUSSELL A SR
STREET ADDRESS 2602 W. LITH STREET
CITY-ST-ZIP PANAMA CITY, FL 32401 ☐ Delete

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

TITLE TS
NAME HATTIE, TODD
STREET ADDRESS 715 BOB LITTLE RD
CITY-ST-ZIP PANAMA CITY, FL 32404 ☐ Delete

TITLE TT
NAME JONES, ROBERT E
STREET ADDRESS 1004 MISSISSIPPI AVE
CITY-ST-ZIP LYNN HAVEN, FL 32444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 #

700058968197
08/25/05--01045--013 ***61.25

8-10-05 (852) 522-1300