


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000041592 1. Entity Name FULL GOSPEL PROPHETIC AND EVANGELISTIC MINISTRIES OF JESUS CHRIST, INC.					
Principal Place of Business 123 SILVER BEACH RD. RIVIERA BEACH, FL 33403			Mailing Address 123 SILVER BEACH RD. RIVIERA BEACH, FL 33403		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1014306	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUDSON, MELTON 123 SILVER BEACH RD. RIVIERA BEACH, FL 33403				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS HUDSON, MELTON 123 SILVER BCH RD WEST PALM BEACH, FL 33403 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> U000000857694 04/01/08-80014-019 150.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: <u>Melton Hudson</u> <u>Melton Hudson</u> 3/12/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>3/12/08</u> Daytime Phone <u>561-848-2728</u>					