

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05502** (0)
1. Corporation Name
FULL GOSPEL ASSEMBLY OF STERLING CORPORATION



Principal Place of Business Mailing Address
3807 RIVER RD **3807 RIVER RD**
STERLING IL 61081 **STERLING IL 61081**

3. Date Incorporated or Qualified **03/29/1985** 3a. Date of Last Report **08/15/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	36-2899140	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

UFKIN, KENNETH
4182 GARAND LANE
713 SNEAD CIR
W.PALM BCH. FL 33413

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, E.L.	1.2 NAME	
STREET ADDRESS	1306 10TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROCK FALLS IL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESENO, BRIAN	2.2 NAME	
STREET ADDRESS	3809 RIVER RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	STERLING IL	2.4 CITY - ST - ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. PIER, NANCY	3.2 NAME	
STREET ADDRESS	3802 RIVER RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	STERLING IL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERLY, DALE	4.2 NAME	
STREET ADDRESS	611 E 6TH ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ROCK FALLS IL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, LAVERNE	5.2 NAME	
STREET ADDRESS	1509 10TH AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ROCK FALLS IL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, LEO	6.2 NAME	
STREET ADDRESS	ROUTE 3	6.3 STREET ADDRESS	
CITY - ST - ZIP	ROCK FALLS IL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

BRIAN DESENO "V"
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-19-96

Daytime Phone #

1-815-622-3968