

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90374 025 ****61.25

DOCUMENT # 705318

1. Entity Name
**GOSPEL LIGHT BAPTIST CHURCH HOLDING COMPANY
INC.**



Principal Place of Business
**3415 APALACHEE PKWY
TALLAHASSEE, FL 32311**

Mailing Address
**3415 APALACHEE PKWY
TALLAHASSEE, FL 32311**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1159322

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

**NOLAN, LARRY S.
2524 STONEHOUSE COURT
TALLAHASSEE, FL 32301**

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 May 1, 2004**

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 ☐ Delete
NAME **D GARGUS, GARY**
STREET ADDRESS **2041 FOREST GLEN CT**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Delete
NAME **P MCKENDREE, JAMES**
STREET ADDRESS **1142 WALDEN ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE ☐ Delete
NAME **V NELSON, O. C.**
STREET ADDRESS **7070 CARMEL DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☒ Delete
NAME **D MATTHEWS, J EDWARD**
STREET ADDRESS **511 LYNDALE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME **T NOLAN, LARRY S.**
STREET ADDRESS **2524 STONEHOUSE CT**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME **D BOWEN, MICHAEL**
STREET ADDRESS **23 BRIDLE GATE COURT**
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 #

Larry S Nolan **Larry S Nolan** **4-28-04** **850-921-6113**