2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003730

Entity Name: GOSPEL FOR ALL MINISTRY, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7724 BELVOIR DR. ORLANDO, FL 32835 **Current Mailing Address: New Mailing Address:** 7724 BELVOIR DR ORLANDO, FL 32835 FEI Number: 02-0690917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENOIT, JEAN-CLAUDE 7724 BELVOIR DR. ORLANDO, FL 32835 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BENOIT, JEAN-CLAUDE Name: Name: 7724 BELVOIR DR. Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: ASD () Delete Title: (X) Change () Addition ASD FRANCIOS, PETER Name: TOUSSAINT, LUNISE Name: Address: 555 NW 129 ST Address: 7724 BELVOIR DR. NORTH MIAMI, FL 33168 City-St-Zip: City-St-Zip: ORLANDO, FL 32835 Title: VD. () Delete Title: () Change () Addition NOREY, HENRI Name: Name: 2950 NW 45 LANE Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33313 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: PETIT, KECHENER Name: DAGRIN, NADIA 300 NE 78TH ST. #17 Address: Address: 1703 BENCOVE CT. City-St-Zip: MIAMI, FL 33138 City-St-Zip: ORLANDO, FL 32835 Title: () Delete Title: () Change () Addition JEAN, GUETTY Name: Name: 510 NW 147TH ST. Address: Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: Title: () Delete Title: () Change () Addition ALLONCE, ROUSSELIN Name: Name: Address: 2021 NW 68TH TERR. Address: MARGATE, FL 33063 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN-CLAUDE BENOIT PD 04/30/2007