NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 27, 2006 8:00 am Secretary of State

1-19-10- 561-471-7941

Bringing Back The Gospel, Incomp	01-27-2006 90035 023 ****61.25
DO NOT WRITE IN THIS SPACE 3. Principal Place of Business 3. Mailing Address 60007516	
2. Principal Place of Business 3 Mailing Address 1827 NO(44) True Rd Post Office 1	Dr 2 [183]
Suite, Apt. #, etc. CR2E037B (8/05)	
City & State Palm Beach 7 Right Palm B	Applied For Yout Applicable Applied For Y Not Applicable
33411 (B) 33421	Country Unike Stakes 5. Certificate of Status Desired Fee Required \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
DO NOT WRITE Street Address (P.O. Box Numper is Not Acceptable), 4 105	
IN THIS SPACE	1827 NOTH JOS HO # 105
IN THIS SPACE	City, Day J. Q. Q. Q. a. a. Et 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 reastered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE	
FEE IS \$61.25 9. Election Car Initial or Amended AR Trust Fund C	mpaign Financing \$5.00 May Be Contribution. Added to Fees Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS	
Merris A. Smith (Treasurer)	/ NAME
NAME STREET ADDRESS CITY-ST-ZIP ROYal Palm Seach, 2.33421	STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS TIMET OLEGANDER TOTAL TOTAL	TITLE NAME
STREET ADDRESS CITY-ST-ZIP POYOL POLYN BOULD \$33411	STREET ADDRESS —GITY-ST-ZIP
TITLE Beulah Smith Godwin (Such) TITLE
MANUEL HUDGER ST.	STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
CITY-ST-ZIP Royal Palm Brach, 71.33411	
NAME 1837 North Jose Rd #105	IN THIS SPACE STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP West Palm Seach F.	SHEET ADDRESS CITY-ST-ZIP
TITLE NAME	TITLE NAME
STREET ADDRESS CITY-SI-ZIP	STREET ADDRESS CITY - ST - ZIP
TITLE	TILE .
NAME STREET ADDRESS	NAME STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not quality 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 on an attachment with an address, with all other like empowered.	

Marcis A Smill