


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000005974</b> 1. Entity Name <b>BRINGING BACK THE GOSPEL INCORPORATED</b>	
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Principal Place of Business <b>1827 NORTH JOG ROAD SUITE 105 WEST PALM BEACH FL 33411 US</b>	Mailing Address <b>P.O. BOX 211831 ROYAL PALM BEACH FL 33421 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GIBBS, ALVIN 1827 N JOG RD - # 105 W PALM BEACH FL 33411</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>

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 intended when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete <b>T SMITH, MERRIS A P O BOX 211831 ROYAL PALM BEACH FL 33421</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>U00000837739 03/05/08-80002-015 61.25</b> </div>
NAME	GODWIN, FELTON J	NAME	
STREET ADDRESS	11677 OLEADER STREET	STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete <b>S GODWIN, BEULAH S</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, BEULAH S	NAME	
STREET ADDRESS	11677 OLEANDER STREET	STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete <b>B GIBBS, BISHOP A</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, BISHOP A	NAME	
STREET ADDRESS	1827 NORTH JOG ROAD SUITE 105	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Bishop Alvin Gibbs 2/10/08