


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

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90016 035 ****61.25

DOCUMENT # N07000011821
1. Entity Name
THE GENERATION CHURCH OF SOUL WINNERS OF FORT LAUDERDALE, INC.



Principal Place of Business Mailing Address
~~721 NW 27TH AVENUE~~ ~~FORT LAUDERDALE FL 33311~~
~~721 NW 27TH AVENUE~~ ~~FORT LAUDERDALE FL 33311~~



2. Principal Place of Business - No P.O. Box #
110 N.E. 3rd St.
Suite, Apt. #, etc.

3. Mailing Address
1516 N.W. 11 AVE
Suite, Apt. #, etc.

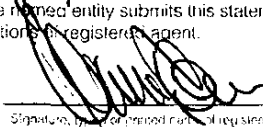
1st MOORE CR2E037 (10/07)

City & State **Pompano Beach, FL** City & State **Ft. Lauderdale, FL**
Zip **33060** Country **Broward** Zip **33311** Country **Broward**

4. FEI Number **26-1579212** Applied For No: Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BELL, SAMUEL L
1516 NW 11TH AVENUE
FORT LAUDERDALE FL 33311
Billing Address DBA

7. Name and Address of New Registered Agent
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  **Easter Bell** DATE **4/2/08**
Signature, by or for period of registered agent and his or her associate. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	BELL, SAMUEL L	
STREET ADDRESS	1516 NW 11TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELL, EASTER	
STREET ADDRESS	1516 NW 11TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARRISH, WALTER	
STREET ADDRESS	2724 NW 2ND STREET	
CITY-ST-ZIP	POMPAÑO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, 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:  **Easter Bell** DATE **4/2/08** **954 467-6362**