


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90026 007 ****61.25

DOCUMENT # N95000004263	
1. Entity Name THREE DIMENSIONS GOSPEL FELLOWSHIP, INC.	

Principal Place of Business 2506 FUNSTON STREET HOLLYWOOD FL 33020	Mailing Address 2506 FUNSTON STREET HOLLYWOOD FL 33020
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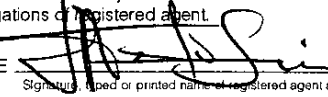
2. Principal Place of Business 17767 69th street Suite, Apt. #, etc. North	3. Mailing Address SAME SAME
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1st MOORE CR2E037 (10/04)

City & State Loxahatchee Florida	City & State SAME
Zip 33470	Country USA
Zip SAME	Country SAME

4. FEI Number 65-0611937	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, MARTEL 3031 NW 172 TERRACE MIAMI FL 33056	
7. Name and Address of New Registered Agent Rev. Dr. Jacob McCrae 748/752 North Dixie Hwy. Hollywood Florida 33020	

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 	DATE 6/6/05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLOFIN, ABIODUN J 2506 FUNSTON STREET HOLLYWOOD FL 33020 Bishop, founder, Overseer	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bishop A.J. Olofin- founder/overseer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLOFIN, FUNLOLA 2506 FUNSTON STREET HOLLYWOOD FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pastor S.A. Daramola-Nigeria
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CF WILLIAMS, ADDIE M 3031 NW 172 TERRACE MIAMI FL 33056	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMS, MARTEL 3031 NW 172 TERRACE MIAMI FL 33056 Deceased	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 #
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