

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003716

**Entity Name:** GOSPEL TRAINING CENTER, INC.

**Current Principal Place of Business:**

3504 OKEECHOBEE RD.  
FORT PIERCE, FL 34947

**Current Mailing Address:**

1086 SW DEL RIO BLVD  
PORT ST. LUCIE, FL 34953 US

**FEI Number:** 47-2866960

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VELASCO, JENNY RAQUEL  
16701 SW 280 ST  
HOMESTEAD , FL 33031 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:** JENNY RAQUEL VELASCO

02/22/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SOARES DE LIMA, LUCELIO  
Address 1086 SW DEL RIO BLVD  
City-State-Zip: PORT ST. LUCIE FL 34953

Title V  
Name DELGADO, GABRIEL  
Address 3504 OKEECHOBEE RD.  
City-State-Zip: FORT PIERCE FL 34947

Title T  
Name VELASCO, JENNY  
Address 3504 OKEECHOBEE RD.  
City-State-Zip: FORT PIERCE FL 34947

Title S  
Name SILVA, DANIEL  
Address 3504 OKEECHOBEE RD.  
City-State-Zip: FORT PIERCE FL 34947

Title AT  
Name SOLANO, DANIELA  
Address 3504 OKEECHOBEE RD.  
City-State-Zip: FORT PIERCE FL 34947

Title DIRECTOR  
Name BARBOSA , RIVELINO CABRAL  
Address 1086 SW DEL RIO BLVD  
City-State-Zip: PORT ST. LUCIE FL 34953

Title ASST. SECRETARY  
Name GARCIA , CAIO GOES  
Address 1086 SW DEL RIO BLVD  
City-State-Zip: PORT ST. LUCIE FL 34953

*I hereby 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 all other like empowered.*

**SIGNATURE:** JENNY RAQUEL VELASCO

**REGISTER AGENT**

02/22/2016

Electronic Signature of Signing Officer/Director Detail

Date