

2017 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:

P. O BOX 723
FORT PIERCE , FL 34954 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

08/03/2017

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: LUCELIO SOARES DE LIMA

PRESIDENT

08/03/2017

Electronic Signature of Signing Officer/Director Detail

Date