2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

01-29-2004 90019 020 ****61.00
706262

04 FEB -3 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E037 (11/03)

DOCUMENT # 706262

1. Entity Name

GOSPEL LIGHT HOUSE CHURCH, INC.

Principal Place of Business	Mailing Address
2727 PICKETVILLE ROAD P.O. BOX 6082 JACKSONVILLE FL 32220	2727 PICKETVILLE ROAD P.O. BOX 6082 JACKSONVILLE FL 32220

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7010266 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TREADWELL,H D
1117 CLAYTON ROAD
JACKSONVILLE FL 32205

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 H D Treadwell
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TREADWELL,H.D. 1117 CLAYTON RD. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Diana Bowers 7007 Lloyd Rd Jacksonville, Fl 32220 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAND, EDWARD 2834 BROWARD RD. JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Dallas Bowers 10205 Macon Rd Jacksonville, Fl 32219 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BOWERS,DALLAS MRS. 865 LANE AVENUE S #338 JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wilton Glen Bowers, Jr. 7007 Lloyd Rd, Jacksonville, Fl 32220 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TATUM,JIM 5457 NORMANDY BLVD. JACKSONVILLE FL	☑ Delete DO NOT DELETE KEEP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, GLADYS 10205 MACON ROAD JACKSONVILLE FL 32219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2/3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWERS. WILTON SR. 865 LANE AVE. S #338 JACKSONVILLE FL	☐ Delete Address Change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wilton Bowers, Sr. 10205 Macon Rd Jacksonville, Fl 32219 — ☑ Change ☐ Addition

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: H D Treadwell — 1-22-2004 — 904-7862508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #