

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 706262 1. Entity Name GOSPEL LIGHT HOUSE CHURCH, INC.	
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Principal Place of Business 2727 PICKETVILLE ROAD, P.O. BOX 6082 JACKSONVILLE FL 32220	Mailing Address 2727 PICKETVILLE ROAD P.O. BOX 6082 JACKSONVILLE FL 32220
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
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4. FEI Number 23-7010266	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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FL	Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PD <input type="checkbox"/> Delete NAME: TREADWELL, H D STREET ADDRESS: 1117 CLAYTON RD. CITY-ST-ZIP: JACKSONVILLE FL	TITLE: DV <input type="checkbox"/> Delete NAME: BOWERS, DALLAS STREET ADDRESS: 10205 MACON RD CITY-ST-ZIP: JACKSONVILLE FL 32219
TITLE: D <input type="checkbox"/> Delete NAME: TATUM, JIM STREET ADDRESS: 5457 NORMANDY BLVD. CITY-ST-ZIP: JACKSONVILLE FL	TITLE: D <input type="checkbox"/> Delete NAME: BOWERS, WILTON SR STREET ADDRESS: 10205 MACON RD CITY-ST-ZIP: JACKSONVILLE FL 32219
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:	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:	U00000619092 02/08/07-80056-024 61.25
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:
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:

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 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 **H. D. Treadwell** **Jan. 26, 07** **904-786-5877**