


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 708409 1. Entity Name CENTRAL GOSPEL HALL, INC.	
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Principal Place of Business 10030 GUNN HWY ODESSA, FL 33556 US	Mailing Address 5127 LONGFELLOW AVE TAMPA, FL 33629-7533
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0965239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUGHEY, L.M. 5127 LONGFELLOW AVE TAMPA, FL 33629-7533
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HUGHEY, L M 5127 LONGFELLOW AVE TAMPA, FL 336297533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTER, SHIRLEY 5131 LONGFELLOW AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOGARTY, JOHN 7813 CALLEY RD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/26/04-80110-018 61.25

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IN THIS SPACE**

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: Mike Hughey 4-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #