

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90055 026 ****61.25

DOCUMENT # 711904					
1. Entity Name HAPPY GOSPEL SINGERS EVANGELISTIC CRUSADE, INC.					
Principal Place of Business 1915 53RD AVENUE EAST P.O. BOX 144 ONECO, FL 34264 US			Mailing Address 1915 53RD AVENUE EAST P.O. BOX 144 ONECO, FL 34264 US		
2. Principal Place of Business		3. Mailing Address		00032675	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03292005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-6194207	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAILEY, WILLIAM J 1915 53RD AVENUE EAST P.O. BOX 144 ONECO, FL 34264			Name Street Address (P.O. Box Number is Not Acceptable) City		
BAILEY, WILLIAM J 1915 53RD AVENUE EAST P.O. BOX 144 ONECO, FL 34264			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, WILLIAM J 5105 17TH ST CT EAST BRADENTON, FL 34203	☐ Delete ☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLINE, RICHARD T 2907 59TH ST CT EAST BRADENTON, FL 34208	☐ Delete ☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FANÉCA, STANLEY J 2015 51ST AVE E - P.O. BOX 144 ONECO, FL 34264	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITCHARD, ADELE P 5124 17TH ST CT EAST BRADENTON, FL 34203	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAILEY, SALLY 5105 17TH CT E BRADENTON, FL	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D [Signature] [Address]	☐ Delete ☐ 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 on 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: _____		William J. Bailey		3/29/05 941-756-6942	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	