

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717982

FILED
Apr 16, 2007
Secretary of State

Entity Name: GLAD TIDINGS TABERNACLE ASSEMBLY OF GOD OF KEY WEST, FLORIDA, INC.

Current Principal Place of Business:

1209 UNITED ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1209 UNITED ST
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-1431599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LOACH, ERNEST M., REVEREND
1612 JAMAICA DRIVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE LOACH, ERNEST M.,
Address: 1612 JAMAICA DR
City-St-Zip: KEY WEST, FL 33040

Title: S/T () Delete
Name: GLADDING, DIANA
Address: 206 AVENUE G
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: COOK, SARA
Address: 3001 RIVIERA DR
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: RAMIREZ, ARTURO
Address: 1205 20TH ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: HARTLE, LAURA
Address: 3314 NORTHSIDE DR. #68
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: FONT, GILBERT
Address: 1315 20TH STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ERNEST M. DELOACH

GM

04/16/2007

Electronic Signature of Signing Officer or Director

Date