

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 730081

1. Entity Name
GOSPEL TABERNACLE OF HILLSBOROUGH, INC.



Principal Place of Business
**10002 CALIFORNIA ST.
GIBSONTON, FL 33534 US**

Mailing Address
**10002 CALIFORNIA ST.
GIBSONTON, FL 33534 US**



04272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1541773

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LACEY, CAROL M.
10002 CALIFORNIA ST.
GIBSONTON, FL 33534**

**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

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

(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**

**U000000347356
04/30/05-80111-021 \$1.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LACEY, WAYNE D
10002 CALIFORNIA ST.
GIBSONTON, FL 33534**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BATEMAN, CLARA
12201 SHELBY DR.
RIVERVIEW, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LACEY, CAROL M
10002 CALIFORNIA ST.
GIBSONTON, FL 33534**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LACEY, L. SUE
10002 CALIFORNIA ST.
GIBSONTON, FL 33534**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Date

(813)

672-8528

Daytime Phone #