2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#734382

FILED Jan 24, 2009 Secretary of State

Entity Name: THE GOSPEL TABERNACLE OF HUDSON, FLORIDA, INC.

Current Principal Place of Business:

New Principal Place of Business:

1822 GRAND BOULEVARD

HOLIDAY, FL 34690

Current Mailing Address: New Mailing Address:

1822 GRAND BOULEVARD HOLIDAY, FL 34690

FEI Number: 59-1649639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, REV G C 1822 GRAND BOULEVARD HOLIDAY, FL 34690 US

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:

Floatenia Circultura of Davidson d Anach

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition
Name: SMITH, HAZEL Name:
Address: 1822 GRAND BLVD Address:

Address: 1822 GRAND BLVD Address:
City-St-Zip: HOLIDAY, FL 34690 City-St-Zip:

 Name
 BRADT, PEGGT 3

 Address:
 14421 GUAVA ST

 City-St-Zip:
 HUDSON, FL

 Address:
 14421 GUAVA ST

 City-St-Zip:
 HUDSON, FL

 34667

Title: CP () Delete Title: CP (X) Change () Addition Name: SMITH, G. C. R SMITH, G. C. R

 Address:
 1822 GRAND BLVD.
 Address:
 1822 GRAND BLVD.

 City-St-Zip:
 HOLIDAY, FL
 City-St-Zip:
 HOLIDAY, FL 34690

Name:SANDLIN, WANDA F.Name:SANDLIN, WANDA F.Address:5709 CHAPMANAddress:5709 CHAPMAN

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete Title: SD (X) Change () Addition

Name:GOLDEN, TERRYName:GOLDEN, TERRYAddress:12210 QUAIL RUN ROWAddress:12210 QUAIL RUN ROW

City-St-Zip: BAXONET PT, FL 34667

Title: () Delete Title: (X) Change () Addition GOLDEN JOHN GOLDEN, JOHN Name: Name: Address: 12210 QUAIL RUN ROW Address: 12210 QUAIL RUN ROW PORT RICHEY, FL 34668 BAYONET POINT, FL 34667 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: REV. G.C. SMITH CP 01/24/2009