2006 NOT-FOR-PROFIT CORPORATION ■ ANNUAL REPORT (AR)

Feb 17, 2006 8:00 am **Secretary of State** DOCUMENT # 754656 1. Entity Name 02-17-2006 90071 006 ****70.00 THE DELAND GOSPEL HALL ASSEMBLY, INC. Principal Place of Business Mailing Address 17911000 109 EAST ROSEHILL AVE DELAND FL 32724 215 LAKE TALMADGE RD DELAND FL 32724 2. Principal Place of Business 3. Mailing Address 215 LAKE TALMADGE RO 109 EAST ROSEHLL AUE Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) DELAND City & State City & State 4. FEI Number Applied For 59-6585245 DELAUD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U-S-A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRED W. KING KING, FRED W Street Address (P.O. Box Number is Not Acceptable) 215 LAKE TALMADGE RD DELAND FL 32724 215 LAKE TALMADGE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TIT: F ☐ Change ■ Addition NAME ORSINI, ANTHONY NAME STREET ADDRESS 36 VIRGINIA AVE STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP CITY-ST-ZIP Delete ÑŮ, E TITLE -- Change - Addition HAAN, EBWIN J. NAME NAME 6850 N. COCOA BLVD. #505 STREET ADDRESS. STREET ADDRESS COCOA FL CITY -ST - ZIP CITY-ST-ZIP TITLE DMPT TITLE ☐ Detete ☐ Channe ☐ Addition NAME KING, FREDERICK W STREET ADDRESS 215 LAKE TALMADGE RD STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP DVS TITLE ☐ Delete TITLE ☐ Change ☐ Addition CREED, HUBERT A NAME NAME 3044 TUCKAHOE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empe

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