2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767503

FILED Jan 08, 2009 Secretary of State

Entity Name: GOSPEL TABERNACLE FAITH DELIVERANCE CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

3311 NW 189TH ST MIAMI, FL 33055

Current Mailing Address: New Mailing Address:

270 NW 159TH ST 3311 NW 189TH STREET MIAMI, FL 33169 MIAMI, FL 33055

FEI Number: 59-2299326 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:

 IRVING, REV. JOHN T JR.
 IRVING, REV. JOHN T JR

 270 NW 159TH ST
 3311 NW 189TH STREET

 MIAMI, FL 33169 US
 MIAMI, FL 33055 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: 01/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: IRVING JOHN T. JR

 Name:
 IRVING, JOHN T., JR.,
 Name:
 IRVING, JOHN T., JR.,

 Address:
 270 NW 159TH STREET
 Address:
 3311 NW 189TH STREET

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:
 MIAMI, FL 33055

Title: S () Delete Title: () Change () Addition

 Name:
 JONES, SARAH
 Name:

 Address:
 3960 NW 185TH STREET
 Address:

 City-St-Zip:
 OPA LOCKA, FL 33055
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 BRANCH, ROOSEVELT JR.
 Name:

 Address:
 3001 NW 190TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33055
 City-St-Zip:

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

 Name:
 WILLIAMS, ARILICIA
 Name:

 Address:
 3520 NW 170
 Address:

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:

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

Name: IRVING, LINDA Name: IRVING, LINDA

Address: 270 N.W 159TH STREET Address: 3311 NW 189TH STREET

City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33055

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: LINDA IRVING VP 01/08/2009