FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # 770304**

1. Corporation Name

GOSPEL FELLOWSHIP INC. PENTECOSTAL

Principal Place of Business % MAMIE L. GIBBONS 1974 TALLADEGA ROAD JACKSONVILLE FL 32209

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

P. O. BOX 41344 JACKSONVILLE FL 32203

26

Apr 07, 1999 8:00 am secretary of State

04-07-1999 90008 029 ****61.25



3. Date Incorporated or Qualifed

07/25/1983

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	4. FEI Number		App	lied For
22		27			59-26382 <u>44</u>		Not	Applicable
City & State	9	City & State		, <u></u>	5. Certifcate of Status Desired		\$8.75 A	dditional
23		28			5. Certificate of Status Desired	Ш	Fee Rec	quired
Zip	Country	Zip	Country	y	6. Election Campaign Financing		\$5.00	May Be
24	25 29 30			Trust Fund Contribution			Added to	Fees
	9. Name and Address of Current				10. Name and Address of New F	tegistered A	gent	
			81	Name				ļ
OIDDONO MANNEL				Street Addre	ess (P.O. Box Number is Not Accepta	bla)		
GIBBONS, MAMIE L.				Street Addre	ess (P.O. Box Nulliber is Not Accept	ibio)		
2228 W. 43RD ST.				i 				
JACKSON	VILLE FL 32209		<u></u>				7.21 - 6	
الرائيسيان الرائيل ميان منجالين والرائا الييانيان والمناسبين				City		FL	85 Zip C	ode
-44D.	to the provisions of Sections 617.0502	2 and 617:1508 Florida Statutes	the abou	e-named come	pration submits this statement for the	purpose of a	hanging its	egistered
office or r	enietered agent or both in the State (of Florida. Such change was auth	nonzed by	/ the corporatio	n's board of directors. I hereby accep	t the appoin	tment as reg	istered
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Florida	a Statute:	5.				
SIGNATURE				ent signature required	Luber selectation	DATE		
12.	Signature, typed or printed name of registered agent		13.	art signatore requised	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
TITLE		☐ DELETE	1.1 TITLE				Change	☐ Addition
	D MADY I		1.2 NAME	-				
NAME	ZEIGLEN, MARTI L.			ET ADDRESS				- 1
STREET ADDRESS	1236 WEST 26TH STREET					•		
CITY-ST-ZIP	JACKSONVILLE FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
TITLE	DP	C) DELETE	1				☐ \$1.m.90	
NAME	GIBBONS, MAMIE L		2.2 NAME					
STREET ADDRESS	2228 W 43RD ST			ET ADDRESS				İ
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2. 4 CITY-	ST-ZIP			☐ Change	Addition
TITLE	D	☐ DELETE	3.1 TITLE	- 1			Change	- Andrigger
NAME	HARPER, RACHEL		3.2 NAME	.				
STREET ADDRESS	6016 JOHN F. KENNEDY DR.		3.3 STREE	ET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-	ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	GIBBONS, EASTER		4. 2 NAME	:				
STREET ADDRESS	3122 ROSELL ST		4.3 STREE	TADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-	ŞT-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS		~~~~		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME	:				
STREET ADDRESS			6.3 STREE	ET ADDRESS				
			6.4 CITY-					
CITY-ST-ZIP		1 4 1 6D - 4 1 15 5 - 4			Section 119 07(3)(i) Florida Statutes	l firelbar age	if that the ir	formation

Indicated on this annual report or supplied with this filing does not qualify for the exemple indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.