

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840448

Entity Name: WORLD GOSPEL ASSEMBLIES, INC.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

542-5TH STREET NORTH
ST PETERSBURG, FL 337012304

New Principal Place of Business:

Current Mailing Address:

542-5TH STREET NORTH
ST PETERSBURG, FL 337012304

New Mailing Address:

FEI Number: 52-1631776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STAALENBURG, RT. REV. MELS
542 5TH STREET N.
ST PETERSBURG, FL 337012304 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAALENBURG, RT. REV. MELS
Address: 542 5TH ST N.
City-St-Zip: ST PETERSBURG, FL

Title: V () Delete
Name: NORTON, ALCOTT W
Address: 542 5TH ST N.
City-St-Zip: ST PETERSBURG, FL

Title: S () Delete
Name: COBANE, REV. MARY L
Address: 4801 16TH AVE S.
City-St-Zip: GULFPORT, FL

Title: T () Delete
Name: STAALENBURG, DORINE K
Address: 542 5TH ST N.
City-St-Zip: ST PETERSBURG, FL

Title: D () Delete
Name: WINNIE, JACK W REV
Address: 309 N BENKSON
City-St-Zip: ST LOUIS, MI

Title: D () Delete
Name: WINNIE, HARRIETT F
Address: 309 N BENKSON
City-St-Zip: ST LOUIS, MI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MELS STAALENBURG

P

01/06/2004

Electronic Signature of Signing Officer or Director

Date