

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90039 008 ****61.25

DOCUMENT # F05000002958					
1. Entity Name GOSPEL LIGHT CHURCH OF GOD IN CHRIST JESUS, APOSTOLIC, INC.					
Principal Place of Business 684 SPRINGFIELD AVENUE NEWARK, NJ 07103			Mailing Address 684 SPRINGFIELD AVENUE NEWARK, NJ 07103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40040769 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 22-3196387	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNTER, ASTLEY 538 NORTHWEST MARION AVENUE PORT ST. LUCIE, FL 34985				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, STUART REV		NAME		
STREET ADDRESS	22 COLONIAL WAY		STREET ADDRESS		
CITY-ST-ZIP	EAST HANOVER, NJ 07936		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONSTABLE, BARBARA		NAME		
STREET ADDRESS	66 LESSING ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST ORANGE, NJ 07052		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLEISH, MONICA		NAME	MONICA MCLEISH	
STREET ADDRESS	9 SUNNYSIDE TERRACE		STREET ADDRESS	193 Eppert ST	
CITY-ST-ZIP	EAST ORANGE, NJ 07018		CITY-ST-ZIP	EAST ORANGE, NJ 07018	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, SHARON		NAME	Sharon Taylor	
STREET ADDRESS	35 PROSPECT TERRACE		STREET ADDRESS	27 Beech St	
CITY-ST-ZIP	EAST ORANGE, NJ 07017		CITY-ST-ZIP	East Orange NJ 07018	
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOULTON, RUPERT		NAME		
STREET ADDRESS	2101 SE ANECEI ST.		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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 empowered.					
SIGNATURE: <i>Rev. Stuart Smith, President</i>			<i>2/28/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		