


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 08:00 A
Secretary of State

DOCUMENT # N00000001334	
1. Entity Name MINISTRY "THE GOSPEL OF GOD" MATTHEW 28:19 CORP.	

Principal Place of Business 2324 SEMINOLE BLVD WEST PALM BEACH, FL 33409	Mailing Address 2324 SEMINOLE BLVD WEST PALM BEACH, FL 33409
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICRISCI, MARGARITA REV.
278 NORTHAMPTON "N"
CENTURY VILLAGE
WEST PALM BEACH, FL 33417

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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICRISCI, MARGARITA REV-P 278 NORTHAMPTON "N", CENTURY VILLAGE WEST PALM BEACH, FL 33419
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, ADELA PASTOR 2324 SEMINOLE BLVD. WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMERO, ALEYDA 2324 SEMINOLE BLVD. WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, ELIAS 2324 SEMINOLE BLVD. WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMERO, CARLOS 2324 SEMINOLE BLVD. WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000712870
04/26/07-80065-005 61.25

000000712870
04/26/07-80065-006 8.75

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 *Margarita Dicrisci* **4-12-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ **Date** _____ **Daytime Phone #** _____