

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91014 005 ****61.25

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04212004 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000006738 1. Entity Name GOSPEL TABERNACLE OF RECONCILIATION, INC.					
Principal Place of Business 2841 NW 19TH STREET FT LAUDERDALE, FL 33311			Mailing Address 2841 NW 19TH STREET FT LAUDERDALE, FL 33311		
2. Principal Place of Business 5315 N. STATE RD 7 Suite, Apt. #, etc.		3. Mailing Address 5315 N. STATE RD 7 Suite, Apt. #, etc.			
City & State TAMARAC Florida Zip 33319 Country USA		City & State TAMARAC Florida Zip 33319 Country USA		4. FEI Number 65-1057041	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DELICE, EGUILNER 4441 NW 33TH STREET LAUDERDALE LAKES, FL 33309			7. Name and Address of New Registered Agent Name Delice Equilner Street Address (P.O. Box Number is Not Acceptable) 5315 N. STATE RD 7 City TAMARAC FL Zip Code 33319		
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 <u><i>Delice Equilner</i></u> 4-21-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP DELICE, EGUILNER 4441 NW 33TH STREET LAUDERDALE LAKES, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Delice Equilner 5315 N. STATE RD 7 TAMARAC FL 33319	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DELICE, EVELINE 4441 NW 33TH STREET LAUDERDALE LAKES, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Delice, EVELINE 5315 N. STATE RD 7 TAMARAC, FL 33319	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VOLCY, MICHELLE 1509 NW 5TH AVENUE FT LAUDERDALE, FL 33311	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALUMA, WISLET 4441 NW 33TH STREET LAUDERDALE LAKES, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALUMA, WISLET 5315 N. STATE RD 7 TAMARAC FL 33319	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Saintil Monique 2814 NW 39TH WAY #203 LAUDERDALE LAKES, FL 33311	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Equilner Delice</i></u> 4-21-04 954-735-6480 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					