


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000006738</b> 1. Entity Name GOSPEL TABERNACLE OF RECONCILIATION, INC.	
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Principal Place of Business 5315 N. STATE RD 7 TAMARAC, FL 33319	Mailing Address 5315 N. STATE RD 7 TAMARAC, FL 33319
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04072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1057041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DELICE, EGUILNER 5315 N. STATE RD 7 FORT LAUDERDALE, FL 33318
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DELICE, EGUILNER 5315 N. STATE RD 7 TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DELICE, EVELINE 5315 N. STATE RD 7 TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALUMA, WISLET 5315 N. STATE RD 7 TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAINTIL, MONIQUE 2814 NW 39TH WAY #203 LAURDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000303138  
04/13/05-80097-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_