2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006
Secretary of State

DOCUMENT# N00000006738

Entity Name: GOSPEL TABERNACLE OF RECONCILIATION, INC.

Current Principal Place of Business:

5315 N. STATE RD 7
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

5315 N. STATE RD 7
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 65-1057041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DELICE, EGUILNER
5315 N. STATE RD 7
FORT LAUDERDALE, FL 33318 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:	DP	( ) Delete
Name:	DELICE, EGUILNER	
Address:	5315 N. STATE RD 7	
City-St-Zip:	TAMARAC, FL 33319	
Title:	DV	( ) Delete
Name:	DELICE, EVELINE	
Address:	5315 N. STATE RD 7	
City-St-Zip:	TAMARAC, FL 33319	
Title:	T	( ) Delete
Name:	FALUMA, WISLET	
Address:	5315 N. STATE RD 7	
City-St-Zip:	TAMARAC, FL 33319	
Title:	DS	( ) Delete
Name:	SAINTIL, MONIQUE	
Address:	2814 NW 39TH WAY #203	
City-St-Zip:	LAURDALE LAKES, FL 33311	

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:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: EGUILNER DELICE PRES 05/09/2006

Electronic Signature of Signing Officer or Director — Date