2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90201 040 ****70.00

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DOCUMENT # N00000006738

1. Entity Name
GOSPEL TABERNACLE OF RECONCILIATION, INC.

Principal Place of Business	Mailing Address
5315 N. STATE RD 7 TAMARAC, FL 33319	5315 N. STATE RD 7 TAMARAC, FL 33319

04172007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4441 N.W. 33RD STREET	44 N.W. 33RD STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERDALE LAKES FL.	City & State: LAUDERDALE LAKES FL.
Zip: 33319 Country: U.S.	Zip: 33319 Country: US

4. FEI Number: 65-1057041 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELICE, EGUILNER 5315 N. STATE RD 7 FORT LAUDERDALE, FL 33318	Name: DELICE EGUILNER Street Address (P.O. Box Number is Not Acceptable): 4441 N.W. 33RD STREET City: LAUDERDALE LAKES 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: Eguilner Delice 4/17/07
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, 2007

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 5315 N. STATE RD 7 TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DELICE, EVELINE 5315 N. STATE RD 7 TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FALUMA, WISLET 5315 N. STATE RD 7 TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SAINTIL, MONIQUE 2814 NW 39TH WAY #203 LAURDALE LAKES, FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Eguilner Delice 4/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-735-6480