## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000006738

City-St-Zip:

LAURDALE LAKES, FL 33311

FILED Apr 16, 2008 Secretary of State

Entity Name: GOSPEL TABERNACLE OF RECONCILIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4441 NW 33RD ST 335 S.W. 27TH AVENUE LAUDERDALE LAKES, FL 33319 FORT LAUDERDALE,, FL 33312 US **Current Mailing Address: New Mailing Address:** 4441 NW 33RD ST 335 S,W. 27TH AVENUE FORT LAUDERDALE,, FL 33312 LAUDERDALE LAKES, FL 33319 US FEI Number: 65-1057041 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DELICE, EGUILNER DELICE, EGUILNER 335 S,W. 27TH AVENUE 4441 NW 33RD ST LAUDERDALE LAKES, FL 33319 US US FORT LAUDERDALE,, FL 33312 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: EGUILNER DELICE 04/16/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition DELICE, EGUILNER Name: Name: 5315 N. STATE RD 7 Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: DV ( ) Delete Title: () Change () Addition Name: DELICE, EVELINE Name: Address: 5315 N. STATE RD 7 Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition FALUMA, WISLET Name: Name: 5315 N. STATE RD 7 Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: DS ( ) Delete Title: () Change () Addition Name: SAINTIL, MONIQUE Name: Address: 2814 NW 39TH WAY #203 Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: EGUILNER DELICE PRES 04/16/2008