

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006738

FILED
Apr 16, 2009
Secretary of State

Entity Name: GOSPEL TABERNACLE OF RECONCILIATION, INC.

Current Principal Place of Business:

335 S.W. 27TH AVENUE
FORT LAUDERDALE,, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

335 S.W. 27TH AVENUE
FORT LAUDERDALE,, FL 33312 US

New Mailing Address:

FEI Number: 65-1057041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELICE, EGUILNER
335 S.W. 27TH AVENUE
FORT LAUDERDALE,, FL 33312 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 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

04/16/2009

Electronic Signature of Signing Officer or Director

Date