


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N00714 1. Entity Name GOSPEL TABERNACLE, INC. OF UMATILLA, FLORIDA	
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Principal Place of Business 16311 WHISTLING PINES RD. UMATILLA, FL 32784	Mailing Address 16311 WHISTLING PINES RD. UMATILLA, FL 32784
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DO NOT WRITE IN THIS SPACE



03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2410136	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 WILLIAMS, ROBERT E JR. 230 EAST FLORAL AVENUE EUSTIS, FL 32726	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent Signature required when reappointing)
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PGD WALKER, BOB W JR. 27020 SE 155TH ST ALTOONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TMD WILLIAMS, ROBERT E 230 EAST FLORAL AVENUE EUSTIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IRIZARRY, VICTOR 39201 CR 439 UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELMATTI, HEATHER 501 CRICKET HOLLOW LANE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/06/05-80048-011 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)(i), 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: Robert E. Williams, Jr. 4-4-05 352-589-9602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #