

2003 **UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01000005488**

1. Entity Name

GOSPEL POWER CHURCH, INC.**FILED**
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90780 039 ****61.25

Principal Place of Business

Mailing Address

1455 PINE RIDGE ROAD
NAPLES FL 34109**PO BOX 7303**
NAPLES FL 34101**10036158**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applied

Zip

Country

Zip

Country

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

ALTIDOR, BENITO
1455 PINE RIDGE ROAD
NAPLES FL 34109

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	ALTIDOR, BENITO	1455 PINE RIDGE ROAD NAPLES FL 34109				
	VTD	HILAIRE, PIERRE RICHARD	5270 21ST AVENUE SW NAPLES FL 34116				
	SD	CENATUS, FETUS	5508 LAUREL RIDGE LANE APT 76 NAPLES FL 34116				

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03 239-352-8253