

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0084897

DOCUMENT # N02000003567

1. Entity Name
GOSPEL FELLOWSHIP MINISTRIES INC.



FILED

03 SEP 25 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12745 N. 17TH ST., #C8 TAMPA FL 33612-4549	Mailing Address P.O. BOX 82454 TAMPA FL 33682-2454
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Country	4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DUAH, RAPHAEL A
12745 N. 17TH ST., #C8
TAMPA FL 33612-4549

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

800023342278
09/25/03--01071--018 **61.25

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 \$61.25

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DUAH, RAPHAEL A	
STREET ADDRESS	12745 N. 17TH ST., #C8	
CITY-ST-ZIP	TAMPA FL 33612-4549	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NNABUIFE, CALISTA	
STREET ADDRESS	P.O. BOX 17085	
CITY-ST-ZIP	SUGAR LAND TX 77496	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARHIN, PAUL	
STREET ADDRESS	12515 TINSLEY CIRCLE., #204	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGYEMANG, RAPHAEL	
STREET ADDRESS	6405 OAKTREE CT.	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OKEKE ANITA	
STREET ADDRESS	4806 PLATO PARK	
CITY-ST-ZIP	SUGAR LAND, TX 77479	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARHIN PAUL	
STREET ADDRESS	12515 TINSLEY CIRCLE # 204	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

09/21/03 (813) 231-0991

CR2E037 (10/02)