


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90002 024 ****70.00

DOCUMENT # N02000006734	
1. Entity Name GOSPEL XPRESS MINISTRIES OF ORLANDO, INC.	

Principal Place of Business 3712 RANCHWOOD RD. ORLANDO, FL 32808	Mailing Address 3712 RANCHWOOD RD. ORLANDO, FL 32808
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54067377



2. Principal Place of Business 5320 EDgewater DR	3. Mailing Address P.O. Box 1056
Suite, Apt. #, etc.	Suite, Apt. #, etc.

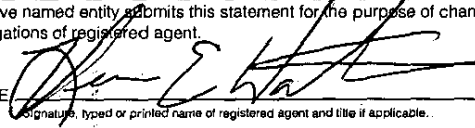
08042004 Chg-NP CR2E037 (10/03)

City & State Orlando FL	City & State CLARCONA
Zip 32810	Zip 32710-1056
Country U.S.	Country U.S.

4. FEI Number 56-2291850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

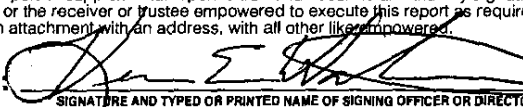
6. Name and Address of Current Registered Agent WATERS, KEVIN 3712 RANCHWOOD RD. ORLANDO, FL 32808	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.	
SIGNATURE 	DATE 8/5/2004
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, KEVIN	NAME	
STREET ADDRESS	3712 RANCHWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, JOANETTA	NAME	
STREET ADDRESS	3712 RANCHWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	
TITLE	TREASURER (T) <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER CARLENE	NAME	
STREET ADDRESS	800 BERRY LAKE RD, APOPKA, FL	STREET ADDRESS	
CITY-ST-ZIP	32710-1056	CITY-ST-ZIP	
TITLE	SECRETARY (S) <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN ELLIE	NAME	
STREET ADDRESS	27 SPRING COUNTRY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS 32714	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 	DATE 8/5/2004 (407) 518-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	