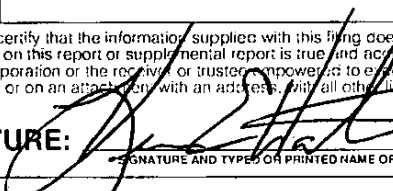


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90093 007 ****70.00

DOCUMENT # N02000006734 1. Entity Name GOSPEL XPRESS MINISTRIES OF ORLANDO, INC.					
Principal Place of Business 5320 EDGEWATER DRIVE ORLANDO, FL 32810			Mailing Address PO BOX 1056 CLARCONA, FL 32710		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 56-2291850				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATERS, KEVIN 3712 RANCHWOOD RD. ORLANDO, FL 32808				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATERS, KEVIN 3712 RANCHWOOD RD ORLANDO, FL 32808	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATERS, JOANETTA 3712 RANCHWOOD RD ORLANDO, FL 32808	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALEXANDER, CARLENE 806 BEAR LAKE ROAD APOPKA, FL 32703	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWENM, ELLIE 27 SPRING COLONY CIRCLE ALTAMONTE SPRINGS, FL 32714	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALEXANDER, CARLENE 4817 NORTH LAKE ORLANDO, FL 32808	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWEN, ELLIE 489 HAVERSHAM RD DELTOVA, FL 32725	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
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 lines empowered.					
SIGNATURE: 			KEVIN E. WATERS		
_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/4/05 (407) 298-6464 Date Daytime Phone #		