

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

08-27-2004 90009 003 ***61.00


FILED NO3000000972

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N03000000972					
1. Entity Name GOSPEL OF CHRIST MINISTRIES INC.					
Principal Place of Business 35 SOUTH WEST 1ST AVENUE DANIA BEACH, FL 33004			Mailing Address 35 SOUTH WEST 1ST AVENUE DANIA BEACH, FL 33004		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PHILLIPS, TORREY 35 SOUTH WEST 1ST AVENUE DANIA BEACH, FL 33004				Name <u>Torrey Phillips</u> Street Address (P.O. Box Number is Not Acceptable) <u>4217 NW 38 Avenue</u> City <u>Lauderdale Lakes FL</u> Zip Code <u>33309</u>	
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 <u>Torrey Phillips</u> <small>(Signature, typed or printed name of registered agent and date if applicable)</small>				President <u>08-24-04</u> <small>(NOTE: Registered Agent signature required when renouncing)</small>	
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
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, TORREY FOUNDER 2641 NW 43RD AVENUE LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Torrey Phillips 4217 NW 38 Avenue Lauderdale Lakes, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHILLIPS, KEISHA FOUNDER 2641 NW 43RD AVENUE LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Keisha Phillips 4217 NW 38 Avenue Lauderdale Lakes, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, OLA 3361 NW 47TH TERRACE BLDG. 334 LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ola King 1311 NW 43 Avenue Apt 207 Lauderh., FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, COREY 3104 W COMMERCIAL TAMARA, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Elaine Rich 4020 NW 31 Terrace Apt 3 Lauderdale Lakes FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE: <u>Torrey Phillips</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>08-24-04</u> <small>Daytime Phone #</small>	