


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90455 008 \*\*\*\*70.00

<b>DOCUMENT # N03000000972</b> 1. Entity Name GOSPEL OF CHRIST CHURCH 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 1100 NW 4 Street Suite, Apt. #, etc.		3. Mailing Address 1100 NW 4 Street Suite, Apt. #, etc.			
City & State Ft. Lauderdale, FL Zip 33311		City & State Ft. Lauderdale, FL Zip 33311		4. FEI Number APPLIED FOR 01-0549756 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  PHILLIPS, TORREY 4217 NW 38 AVENUE LAUDERDALE LAKES, FL 33309			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: <u>Keisha Phillips</u> DATE: <u>4-28-05</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 4217 NW 38 AVENUE LAUDERDALE LAKES, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHILLIPS, KEISHA FOUNDER 4217 NW 38 AVENUE LAUDERDALE LAKES, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, OLA 1311 NW 43 AVENUE APT 207 LAUDERHILL, FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICH, ELAINE 4020 NW 31 TERRACE, APT 3 LAUDERDALE LAKES, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>Keisha Phillips</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-28-05</u> <small>Date</small>		<u>954-921-7002</u> <small>Daytime Phone #</small>	