2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2006 8:00 am **Secretary of State** DOCUMENT # N03000006404 02-09-2006 90021 033 ****61.25 GOSPEL LIGHT BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 5434 DEERBROOKE CREEK CIRCLE 5434 DEERBROOKE CREEK CIRCLE TAMPA FL 33624 **TAMPA FL 33624** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 05-0580188 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VIC, BOWLING Street Address (P.O. Box Number is Not Acceptable) 5434 DEERBROOKE CREEK CIRCLE #8 **TAMPA FL 33624** 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) 1979 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Addition TR TITLE ☐ Delete MCCOY, LEON RUSSELL CROOK NAME 6823 E. COUNTRY HIGHERDS DR 8056 W HOMOSASSA TRAIL STREET ADDRESS STREET ADDRESS HOMOSASSA FL 34448 FLORAL CITY, FL 34436 CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE ☐ Detete TITLE DANIEL PEEPLES BOWLING, VIC C 7460 E. COUNTRY HIGHLANDS DE NAME NAME 5434 DEERBROOKE CREEK CIRCLE STREET ADDRESS STREET ADDRESS FLORAL CITY, FL 34436 TAMPA FL 33624 CITY-ST-ZIP CITY-ST-ZIE TITLE Detete Addition AWIN EMRICK III NAME NAME 692 E. SAVOY ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Le canto, Fl 34461 · 7766 Change Addition MILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIFLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

CITY-ST-ZIP

SIGNATURE: Sin C. Bouling

01/26/06

FILED

813.323.3306