


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90015 008 ****61.25

DOCUMENT # N03000006404	
1. Entity Name GOSPEL LIGHT BAPTIST CHURCH, INC.	

Principal Place of Business 4949 MARBRISA DR 5434 DEERBROOKE CREEK CIRCLE #0 #105 TAMPA FL 33624 US	Mailing Address 4949 MARBRISA DR 5434 DEERBROOKE CREEK CIRCLE #0 #105 TAMPA FL 33624
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2. Principal Place of Business - No P.O. Box # 4949 MARBRISA DR.	3. Mailing Address 4949 MARBRISA DR
Suite, Apt. #, etc. #105	Suite, Apt. #, etc. #105

1st MOORE CR2E037 (10/06)

City & State TAMPA, FL	City & State TAMPA, FL
Zip 33624	Zip 33624
Country USA	Country USA

4. FEI Number 05-0580188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VIC, BOWLING 5434 DEERBROOKE CREEK CIRCLE 4949 MARBRISA DR #0 #105 TAMPA FL 33624	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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													
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<table border="1"> <tr> <td>REV MCCOY, LEON 8056 W HOMOSASSA TRAIL HOMOSASSA FL 34448</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TR BOWLING, VIC C 5434 DEERBROOKE CREEK CIRCLE 4949 MARBRISA DR #105 TAMPA FL 33624</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TR CROOK, RUSSELL 6823 E. COUNTRY HIGHLANDS DR FLORAL CITY FL 34436</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TR PEEPLS, DANIEL 7460 E. COUNTRY HIGHLANDS DR FLORAL CITY FL 34436</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TR EMRICK, ALVIN III 692 E. SAVOY ST. LECANTO FL 34461</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>	REV MCCOY, LEON 8056 W HOMOSASSA TRAIL HOMOSASSA FL 34448	<input type="checkbox"/> Delete	TR BOWLING, VIC C 5434 DEERBROOKE CREEK CIRCLE 4949 MARBRISA DR #105 TAMPA FL 33624	<input type="checkbox"/> Delete	TR CROOK, RUSSELL 6823 E. COUNTRY HIGHLANDS DR FLORAL CITY FL 34436	<input checked="" type="checkbox"/> Delete	TR PEEPLS, DANIEL 7460 E. COUNTRY HIGHLANDS DR FLORAL CITY FL 34436	<input checked="" type="checkbox"/> Delete	TR EMRICK, ALVIN III 692 E. SAVOY ST. LECANTO FL 34461	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Delete
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	<input type="checkbox"/> Delete												

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: Vic C. Bowling 03/27/07 813-323-3306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #