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

Feb 03, 2006 08:00 AM DOCUMENT # N03000007592 **Secretary of State** 1. Entity Name GOSPEL LIGHT TEMPLE, INC. Principal Place of Business Mailing Address 7821 ALGER ROAD POST OFFICE BOX 998 CENTURY FL 32535 CENTURY FL 32535 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc Suite, Apt, #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicat Zip Country \$8.75 Additional Zιρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REID, WALLACE 140 E. HECKER ROAD Street Address (P.O. Box Number is Not Acceptable) CENTURY FL 32535 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 accerthe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent anyrehite required when remislating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$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 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addit. TITLE □ Dalete 28143-REID, WALLACE NAME MARKE U00000417937 02/13/06-80076-002 61.25 140 E. HECKER ROAD STREET ADDRESS STREET ADDRESS CENTURY FL 32535 CITY-ST-ZIP CITY-SI-ZIP D ☐ Delete TITLE Change Ande: TITLE REID, MATTIE NAME 140 E. HECKER ROAD STREET ADDRESS STREET ADDRESS CENTURY FL 32535 CHTY-ST-ZIP CITY-ST- ZIP Change T Aller Ti Defete TITLE time NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C01Y-ST-70P TITLE [] Change DACT. Defete 117) F NAME NAME STREE (ALXORESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP ☐ Defete ☐ Change ☐ Marilla TITLE 3371.2 NAME NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CITY -ST-21P ☐ Delete ☐ Change Artenia TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED