


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000009726	
1. Entity Name BLESS SILOE PENTECOSTAL CHURCH, INC.	

Principal Place of Business 307 BASS STREET KISSIMMEE, FL 34741	Mailing Address 307 BASS STREET KISSIMMEE, FL 34741
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01072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1182623	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 GATHERS, CHRISTINE 1600 KENDRICK DRIVE APT C KISSIMMEE, FL 34741
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLORES, JOSE REV. 14660 EAGLE CROSSINGS DR. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLORES, GILDA TRUSTEE 14660 EAGLE CROSSINGS DR. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GATHERS, CHRISTINE TRUSTEE 1600 KENDRICK DRIVE APT. C KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAREDES, BETSY OFFICER 1325 EL DORADO DR. APT B KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLDAN, MAGALY 2433-4 BARLEY CLUB DRIVE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, RIGOBERTO OFFICER 1447 EL DORADO DR. APT B KISSIMMEE, FL 34741

100000583790
01/12/07-80010-020 61.25

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

SIGNATURE: <u>Christine Gathers</u> <u>Christine Gathers</u> 1/7/07 407-288-5721	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		