

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000107

FILED
Aug 17, 2005
Secretary of State

Entity Name: WALLS OF SALVATION GATES OF PRAISE, INC.

Current Principal Place of Business:

521 GRANT AVENUE
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

Current Mailing Address:

521 GRANT AVENUE
LEHIGH ACRES, FL 33971 US

New Mailing Address:

FEI Number: 20-0686792 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STANFORD, TINA
521 GRANT AVENUE
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STANFORD, TINA
Address: 521 GRANT AVENUE
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: DIR () Delete
Name: THOMAS, PAMELA
Address: 954 WILLIAM STREET
City-St-Zip: ELIZABETH, NJ 07201 US

Title: DIR () Delete
Name: GORDON, JAMILLAH
Address: 954 WILLIAM STREET
City-St-Zip: ELIZABETH, FL 07201 US

Title: DIR () Delete
Name: BOEZELLI, MICHAEL
Address: 521 GRANT AVENUE
City-St-Zip: LEHIGH ACRES, FL 33971 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA STANFORD

P

08/17/2005

Electronic Signature of Signing Officer or Director

Date