

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90001 022 \*\*\*\*70.00

**DOCUMENT # N04000007435**

1. Entity Name  
GOSPEL TABERNACLE CHRISTIAN ACADEMY, INC.



Principal Place of Business  
270 NW 159TH ST.  
MIAMI, FL 33169

Mailing Address  
270 NW 159TH ST.  
MIAMI, FL 33169



01302006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1446348

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

IRVING, LINDA  
270 NW 159TH ST.  
MIAMI, FL 33169

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
IRVING, LINDA  
270 NW 159TH ST.  
MIAMI, FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILLIAMS, ARCILICIA  
3520 NW 170TH ST.  
MIAMI, FL 33056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TITUS, JANICE  
19420 NW 42ND AVE.  
MIAMI, FL 33055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
IRVING, JOHN T  
3301 NW 189TH ST.  
MIAMI, FL 33055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/06  
Date

Daytime Phone #