


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000007435 1. Entity Name GOSPEL TABERNACLE CHRISTIAN ACADEMY, INC.	
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Principal Place of Business 270 NW 159TH ST. MIAMI, FL 33169	Mailing Address 270 NW 159TH ST. MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1446348	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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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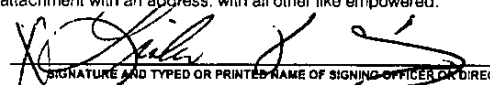
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	

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02/14/07-80028-002 70.00

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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:  Linda Irving 1/22/07

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