


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000007435</b>		
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	



01172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1446348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2008**

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	

U000000830187  
02/26/08-00073-013 61.25

**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

02/12/08

Date

305 (450-0499

Daytime Phone #