

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000498

FILED
Jan 09, 2007
Secretary of State

Entity Name: GATEWAY OF DELIVERANCE TABERNACLE, INC.

Current Principal Place of Business:

7029 COMMONWEALTH AVENUE
SUITE 2
JACKSONVILLE, FL 32220 US

New Principal Place of Business:

4615 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207 US

Current Mailing Address:

P.O. BOX 58053
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 20-2353199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUSE, KAREN D
7029 COMMONWEALTH AVENUE
SUITE 2
JACKSONVILLE, FL 32220 US

Name and Address of New Registered Agent:

MUSE, KAREN D
4615 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207 US

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: _____

01/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: MUSE, KAREN D
Address: P.O. BOX 24562
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: D () Delete
Name: MUSE, ARON C
Address: P.O. BOX 24562
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: D () Delete
Name: NIGHTINGALE, JESSIE L
Address: P.O. BOX 2056
City-St-Zip: JACKSONVILLE, FL 32203 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KAREN D. MUSE

DPST

01/09/2007

Electronic Signature of Signing Officer or Director

Date