2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 31, 2007 8:00 am Secretary of State DOCUMENT # N05000001080 1. Entity Name 08-31-2007 90003 025 ****70.00 GOODEN GOSPEL MINISTRIES, INC. Principal Place of Business Mailing Address 151 SW 135 TERRACE #T302 PEMBROKE PINES FL 33027 151 SW 135 TERRACE #T302 PEMBROKE PINES FL 33027 2. Principal Place of Business - No PO Box # Mailing Address 76060l Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/07) City & State 4. FEI Number Applied For 20-2300813 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FABIO, HERBERT Street Address (P.O. Box Number is Not Acce 151 SW 135 TERRACE #T302 PEMBROKE PINES FL 33027 Code 2 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 access the obligations of registered agent. SIGNATUR of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By September 5, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VILE PRESIDENT - DS TITLE DΡ ☐ Delete TITLE ☐ Change GOODEN, DOUGLAS NAME RLENE GOODEN NAME 151 SW 135 TERRACE #T302 Sw 135 STREET ADDRESS STREET ADDRESS T382 TERRALE PEMBROKE PINES FL 33027 CITY-ST-ZIP CITY-ST-ZIP 33027 DS Delete TITLE Addition ☐ Change CALVIN, ENID NAME NAME AKINA GOODEN 151 SW 135 TERRACE #T302 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33027 CITY-ST-7IP CITY-ST-ZIP 1422 TITLE Delete TITLE Change X Addition NICELY, SUZETTE NAME NAME 3718 BRONXWOOD AVE STREET ADDRESS STREET ADDRESS **BRONX NY 10469** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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