2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24591

FILED Mar 14, 2005 Secretary of State

Entity Name: GULF STREAM BAPTIST FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

20 NW 46 AVE 600 SW 3 STREET

PLANTATION, FL 33317 US SUITE # 2150

POMPANO BEACH, FL 33060 US

Current Mailing Address: New Mailing Address:

20 NW 46 AVE 600 SW 3 STREET PLANTATION, FL 33317 US SUITE # 2150

PLANTATION, FL 33317 US SUITE # 2150
POMPANO BEACH, FL 33060 US

FEI Number: 65-0197651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLEMING, JOHN W
20 NW 46TH AVENUE
PLANTATION, FL 33317 US
FLEMING, JOHN W
600 SW 3 STREET
SUITE # 2150

POMPANO BEACH, FL 33060 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: 03/14/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 GREEN, WESLEY
 Name:
 GREEN, WESLEY

 Address:
 7241 TAFT STREET
 Address:
 3800 SOUTH DOUGLAS ROAD

 City-St-Zip:
 HOLLYWOOD, FL 33024
 City-St-Zip:
 MIRAMAR, FL 33025

Title: D () Delete Title: D (X) Change () Addition Name: HAMILTON, DAVID Name: HAMILTON, DAVID

Address: 7241 TAFT ST Address: 334 NW 69 AVENUE, # 195
City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: PLANTATON, FL 33317

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 FLEMING, JOHN W
 Name:
 FLEMING, JOHN W

 Address:
 20 NW 46 AVE
 Address:
 600 SW 3 STREET

City-St-Zip: PLANTATION, FL 33317 City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN W. FLEMING D 03/14/2005