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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25219**

1. Corporation Name
CHRIST GOSPEL CHURCH INC.

Principal Place of Business	Mailing Address
4434 BEAGLE STREET ORLANDO FL 32818 US	P O B OX 607421 ORLANDO FL 32860 US

603304 - 90011 - 20

2. Principal Place of Business 21 1601 Fords Ave Suite, Apt. #, etc. 22 Maitland Fl City & State 23 Zip 24 32751 Country 25 USA	2a. Mailing Address 26 PO Box 607421 Suite, Apt. #, etc. 27 City & State 28 ORlando FL Zip 29 32860 Country 30 USA	3. Date Incorporated or Qualifed 02/29/1988 4. FEI Number NOT APPLICABLE 593541549 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DALLAS, REV EL
7456 WINDSOME CT
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name Dalles, Rev EL
82 Street Address (P.O. Box Number is Not Acceptable) 4434 Beagle St.
83
84 City ORlando FL 85 Zip Code 32818

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUNDY, DELORES 1405 BROOKEBRIDGE DRIVE ORLANDO FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Anthony Finklea 3160 South Semoran Blvd #908 ORlando FL 32822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DALLAS, REV EL 4434 BEAGLE STREET ORLANDO FL 32818	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECTON, HERMA 1203 HENDRON DR ORLANDO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LUNDY, DELORES 1405 BROOKEBRIDGE DR ORLANDO FL	☒ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S Chester Powell 813 Mountbatten Lane Kissimmee, FL 34758	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DALLAS, REV EL 7456 WINDSOME CT ORLANDO FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALLAS, SUSIE 4434 BEAGLE STREET ORLANDO FL 32818	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7-15-99 407-291-1186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)