

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90099 007 ****61.25

DOCUMENT # N25219 1. Entity Name CHRIST GOSPEL CHURCH INC.					
Principal Place of Business 1601 FORDS AVE MAITLAND, FL 32751 US			Mailing Address P O BOX 607421 ORLANDO, FL 32860 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3541549	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DALLAS, REV EL 4434 BEAGLE ST ORLANDO, FL 32818				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD ☐ Delete		TITLE	☐ Change ☒ Addition	
NAME	DALLAS, REV EL		NAME	D Hannah Barnes	
STREET ADDRESS	4434 BEAGLE STREET		STREET ADDRESS	1710 WARRENS AVE. MAITLAND FL 32751	
CITY - ST - ZIP	ORLANDO, FL 32818		CITY - ST - ZIP	MAITLAND FL 32751	
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	POWEL, HERMA		NAME		
STREET ADDRESS	1203 HENDRON DR		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32822		CITY - ST - ZIP		
TITLE	S ☐ Delete		TITLE	☒ Change ☐ Addition	
NAME	POWELL, CHESTER		NAME	1569 Mataluka Street	
STREET ADDRESS	813 MOUNTBATTEN LANE		STREET ADDRESS	Deltona, FL 32725	
CITY - ST - ZIP	KISSIMMEE, FL 34758		CITY - ST - ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DALLAS, SUSIE		NAME		
STREET ADDRESS	4434 BEAGLE STREET		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32818		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ 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		
12. 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 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: Rev. E.L. Dallas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-16-04 Date		
REV. E.L. Dallas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			407-291-1186 Daytime Phone #		