

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

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90013 039 ****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 B OX 607421
ORLANDO FL 32860
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-3541549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALLAS, REV EL.
4434 BEAGLE ST
ORLANDO FL 32818

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DALLAS, REV EL.	
STREET ADDRESS	4434 BEAGLE STREET	
CITY ST ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, HELEN	
STREET ADDRESS	10239 LAXTON ST	
CITY ST ZIP	ORLANDO FL 32824	
TITLE	S	<input type="checkbox"/> Delete
NAME	POWELL, CHESTER	
STREET ADDRESS	1569 MALALUKA STREET	
CITY ST ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALLAS, SUSIE	
STREET ADDRESS	4434 BEAGLE STREET	
CITY ST ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, HANNAH	
STREET ADDRESS	1710 WARRENS AVE	
CITY ST ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, HELEN	
STREET ADDRESS	10239 Laxton Street	
CITY ST ZIP	Orlando FL 32824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rev. E.L. Dallas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-07 / 407-291-1186