2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 11, 2008 08:00 AM Secretary of State DOCUMENT # N25219 1. Entity Name CHRIST GOSPEL CHURCH INC. Principal Place of Business Mailing Address 1601 FORDS AVE P O B OX 607421 MAITLAND FL 32751 ORLANDO FL 32860 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #. etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3541549 Not Applicacie Zip Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DALLAS, REV EL Street Address (P.O. Box Number is Not Acceptable) 4434 BEAGLE ST ORLANDO FL 32818 Zip Code City 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 5 grature, typed or minted name of registered agent and title if applicable DATE (NOTE: Regalated Agent signature rod tred when renational) FILE NOW: FEE IS \$61.25 Make Check Payable to Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State Helphilips Talke ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delote TITLE Change DALLAS, REV EL NAME NAME U000000824902 4434 BEAGLE STREET STREET ADDRESS STREET ADDRESS 02/20/08-80096-024 61.25 ORLANDO FL 32818 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delate CilibbA ... POWELL, HERMA NAME NAME 10239 LAXTON ST STREET ADDRESS STREET ADDRESS ORLANDO FL 32824 CITY-ST-ZIP CITY - ST - Z:P Delete TITLE ncitibbA [POWELL, CHESTER NAME NAME 1569 MALALUKA STREET STREET ADDRESS STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME DALLAS, SUSIE NAME 4434 BEAGLE STREET STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE BARNES, HANNAH 1710 WARRENS AVE STRUET ADDRUSS STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP CITY-ST-ZP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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. Nalles

Jan. 30, 2008