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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATION

FILED Apr 09 1997 8:00am Secretary of State

Firecipal Pince of Business Six Mi 1981 15 St. MAMI FL 31169-3338 3. Data focusorizated or Qualified Six Description of C4/22/1595 Six Mi 1981 15 St. MAMI FL 31169-3338 2. Principal Pince of Business 2. South, Apt. 4, etc.		1997		CORPORE	TIONS				
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Mailing Address Mailing Address Mailing Address Sit M 19411 St. MilAM Ft. 33169 Sit M 1941 St. Sit M 19	FULL (GOSPEL CHRISTIAN FELLO	OWSHIP INC.						
Mailing Address Mailing Address Mailing Address Sit M 19411 St. MilAM Ft. 33169 Sit M 1941 St. Sit M 19									
MIAMI FL 33169 MIAMI FL 33160-3538 Date (acceptance of Challed Date of Less Report 1/07/1988 Date of Less Report 1/0	Principal Plac	ce of Business	Mailing Address					i Banda Qibil Qil	0 11 0 10 16 10 0 3
2. Prince(Pi Place of Business 2. Mailing Address 3. Mailing Addre									
Super, April 9, etc. Super, April 9, etc.						3. Date Incorporated or Qualified 11/07/1988	3a. Da	e of Last R)4/22/199	eport 36
City & State	2. Principal F 21	Place of Business	—————			4. FEI Number 65-0140183			
City & State Zip Country 2/p Country 2/p Country 2/p Country 2/p Country 2/p State 2/p Country 2/p State	Suite, Apt.	. #, e l¢.	— · · · ·			5. Certificate of Status Desired			
Zip Country Zip Country Zip Country Sip	City & Sta	le				,			
9. Name and Address of Current Registered Agent PHILIPPE-JEAN, JEAN H. 561 N.W. 194 STREET MIAMI FL 33169 82 Street Address (P.O. Box Number is Not Acceptable) 83 Marine PHILIPPE-JEAN, JEAN H. 561 N.W. 194 STREET MIAMI FL 33169 84 City FL 85 Zip Code 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 list registered office or registered agent. I am families with, and accept the obligations of Section families with, and accept the obligation of Section families with and accept the obligation of Section families with, and accept the obligation of Section families with a section families with and accept the obligation of Section families with an accept the obligation of Section fami	Zip	Country		Cou	ntry	8. This corporation has liability for		ax under s	
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PHILIPPE-JEAN, JEAN H. 561 N.W. 194 STREET MIAMI FL 33169 80 81 62 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL ST Zip Code 11. Pursuant to the provisions of Sociions 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. I am attendar with, and accept the originations of, Section 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am attendar with, and accept the originations of, Section 617 0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. STREET ADDRESS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. STATE ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 20. ADDITIONS/CHANGE		9. Name and Address of Curre	int Hegistered Agent		R1 Name	10. Name and Address of New Ko	egistered A	gent	
S61 N.W. 194 STREET MIAMI FL 33169 B8 City FL 85 Zip Code 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 agent. I am femiliar with, and accept the obligations of, Section 617.0503, Florida. Statutes. SIGNATURE Signature Speed or period have or registered agent. I am femiliar with, and accept the obligations of, Section 617.0503, Florida. Statutes. SIGNATURE PD D DELETE 1.1THE DAMAE 1.2 ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PHILIPPE-JEAN, JEAN H. STREET ADDRESS SERVER ADDRESS LITY-S1-2P THE VD D DELETE 2.1THE DELETE 2.1THE DELETE 2.1THE DELETE 2.1THE DELETE 2.1THE DELETE 2.1THE DELETE 3.1THE 3.1THE DELETE 3.1THE 3.	DHII IDD	E. IEAN JEAN H		1					
MIAMI FL 33169 B3					82 Street Add	dress (P.O. Box Number is Not Accepta	ple)		
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 and accept the obligations of, Section 617,0503, Point Statutes. Signature system or prefer fragment of registered agent and the Flagescable (NOTE Registered Agent signature required when relevanting) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE Change Addition NMS PHILIPPE-JEAN, JEAN H. 13 STREET ADDRESS SIGNATURE VD DELETE 1.1 TITLE Change Addition NME VD DELETE 2.1 TITLE Change Addition NME VD DELETE 2.1 TITLE Change Addition NMME STREET ADDRESS 3.2 N. 65 TERRERRACE 3.2 STREET ADDRESS NMAMI FL 33169 2.2 AUTY-ST-ZP NMAM FL 33169 3.2 N. 65 TERRERRACE 3.3 STREET ADDRESS NMAM FL 33169 2.2 AUTY-ST-ZP NMAM FL 33169 3.2 AUTY-ST-ZP NMAM FL 341600 3.2 AUTY-ST-ZP				1	83				
11. Pursuant to the provisions of Soctions 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signave, typical or preter finance of registered agent, or forth, 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. TITLE 10. TITLE 10. TITLE 11. TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS 14. CITY-51-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. ADDITIONS/CHANGES TO OFFICERS AND D				ŀ	84 City			RR Zin (Code
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SIGNATURE	11. Pursuant office or agent. La	t to the provisions of Sections 617.05 registered agent, or both, in the Stat am familiar with, and accept the obli	02 and 617 1508, Florida Stat e of Florida. Such change was gations of, Section 617.0503, I	utes, the at s authorized Florida Stati	ove-named cor I by the corpora utes.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of pt the appx	changing it pintment as	s registered registered
12.	SIGNATURE						=====		
PHILIPPE_JEAN, JEAN H. 12 NAME	12.				Agent signature requ			DIRECTOR	IS IN 12
PHILIPPE_JEAN, JEAN H. 12 NAME					LE				
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14. I do 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									

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tareffor Dal

Daytime Phone # 0032316