2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N37448

Entity Name: GOSPEL TABERNACLE

Current Principal Place of Business:

300 N. JOG ROAD
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

3080 FAIRLANE FARMS RD. #1
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-2221201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UPTHEGROVE, CLAUDE S PRES
3080 FAIRLANE FARMS RD. #1
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: UPTHEGROVE, JR., CLAUDE S
Address: 10739 57TH PLACE, SOUTH
City-St-Zip: LAKE WORTH, FL 33449

Title: VPD ( ) Delete
Name: UPTHEGROVE, PANSY R
Address: 350 NORTH JOG ROAD.
City-St-Zip: WEST PALM BEACH, FL 33413

Title: STD ( ) Delete
Name: UPTHEGROVE, MARY J
Address: 10739 57TH PLACE SOUTH
City-St-Zip: LAKE WORTH, FL 33449

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: UPTHEGROVE, JR., CLAUDE S
Address: 3080 FAIRLANE FARMS RD. #1
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: UPTHEGROVE, MARY J
Address: 3080 FAIRLANE FARMS RD. #1
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. SHELDON UPTHEGROVE PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date