2008 N T-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

DOCUMENT# N39077 **FILED** Aug 25, 2008 08:00 AM Secretary of State GOSPEL TABERNACLE OF PLANT CITY, FLORIDA INC. Principal Place of Business Mailing Address 801 WILKINS AVENUE 801 WILKINS AVENUE PLANT CITY FL 33563 US PLANT CITY FL 33563 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/08) Applied For City & State City & State 4. FEI Number 59-2918104 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CALLINS, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 1417 PINEY BRANCH CIR VALRICO FL 33594 City 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 reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be П Due By September 3, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PCD TITLE ☐ Addition ☐ Delete TITLE ☐ Change CALLINS, RICHARD PASTOR NAME NAME 1417 PINEY BRANCH CIRCLE STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP U00000958253 _ Change 08/25/08-80001-013 70.00 VCD ☐ Delete Addition HOLMES, ANTHONY ELDER NAME NAME 1504 GOTHAM COURT STREET ADDRESS STREET ADDRESS PLANT CITY FL 33563 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change - Addition NAME HOLMES, PRISCILLA W NAME STREET ADDRESS 1504 GOTHAM COURT STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33563 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME RUTH, JEFFERY DEACON STREET ADDRESS 1105 W MADISON ST STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33563 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE FLUELLEN CURTIS DEACON NAME STREET ADDRESS 304 S FRANKLIN STREET STREET ADDRESS PLANT CITY FL 33563 CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STEVENSON, SAMUEL E ELDER NAME NAME STREET ADDRESS 1008 S BROAD ST STREET ADDRESS PLANT CITY FL 33563 City+St-7IP City-St-7iP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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