2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N44583**

1. Entity Name

THE GATHERING PLACE WORSHIP CENTER BUILDING, INC



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90084 032 ****61.25

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Suite, Apt. #, etc. Suite, Apt. #, etc. GreCk HERC If MAKING CHANGES City & State City & State City & State Aprilion For Not Applicables 4. FEI Number 59-2903464 Not Applicables 5. Certificate of Status Desired State Desired Stat	1701 ORANGE BLVD P.O. B			BOX 950596				4 10 8 214 84 824 61	a n anak anak 12186 mm 6126	1611 2 1812 21814 218	NI BEGNI I na i
City & State Name REEFALVER, ROBERT L Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered different agent, or both, in the State of Fiorida. I am familiar were, and accept the obligations of registered agent. SIGNATURE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered different agent, or both, in the State of Fiorida. I am familiar were, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar were, and accept the obligations of registered agent. SIGNATURE SIGNATURE STATE ADDRESS FLASS Place of registered agent and the fact both. OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Debte HNN, SAMI INE NAME IN ACCEPTABLE AND DIRECTORS FLASS FLASS IN ALL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Debte HNN, ERIKA G STATE ADDRESS FLASS IN ALL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS FLASS STATE ADDRESS FLASS IN ALL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Debte HNN, ERIKA G IN ALL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS FLASS STATE ADDRESS	2. Principal Place of Business 3. Ma			vailing Address							
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S. Name and Address of Current Registered Agent S. Certificate of Status Desired Setting Desired	City & Stat	e	City	City & State				4. FEI Number 59-2903464 Applied For			
6. Name and Address of Current Registered Agent KEEFAUVER, ROBERT L 422 CRANDVEW AVENUE NORTH SANFORD FL 32771 City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of	Zip Country Z			ip Country				5 Certificate of Status Desired \$8.75 Additional			
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422 GRANDVIEW AVENUE NORTH SANFORD FL 32771 City FL Zip Codis						Name					
City FL Zp Code				Street Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR						City	·			- Zin Cod	
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2. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SESSION DIRECTORE

1-21-03