


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # N94000000318			
1. Entity Name GOSPEL FELLOWSHIP "CHURCH ON THE MOVE FOR CHRIST" INCORPORATION			
Principal Place of Business 849 SW 7 ST HOMESTEAD FL 33030 US		Mailing Address 30714 SW 188 CT HOMESTEAD FL 33030	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0567885		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCORMICK, CHARLES 30714 SW 188TH COURT HOMESTEAD FL 33030	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL 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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, CHARLES	NAME	
STREET ADDRESS	30714 SW 188 CT	STREET ADDRESS	000000661736
CITY-STATE-ZIP	HOMESTEAD FL 33030	CITY-STATE-ZIP	03/20/07-80052-013 70.00
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, MISSOURI	NAME	
STREET ADDRESS	30714 SW 188 CT	STREET ADDRESS	
CITY-STATE-ZIP	HOMESTEAD FL 33030	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODSS, MARY A	NAME	
STREET ADDRESS	11850 SW 221 ST	STREET ADDRESS	
CITY-STATE-ZIP	GOULDS FL 33170	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILL, T	NAME	
STREET ADDRESS	3156 SW 6 CT, APT 3	STREET ADDRESS	
CITY-STATE-ZIP	HOMESTEAD FL 33030	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA RANKINS	NAME	
STREET ADDRESS	393 NW 3RD AVE	STREET ADDRESS	
CITY-STATE-ZIP	FLORIDA CITY FL	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby 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: *Missouri McCormick* **Missouri McCormick 3-7-07 3052476548**