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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9400002560 (0)

THE GATHERING PLACE WORSHIP CENTER, INC.

## FILED Feb 04 1998 8:00am Secretary of State

Principal Plac	e of Business	M	ailing Address				$\neg$	4 38 67 A 10 6 A 10 A 10 A 10 A 10 A 10 A 10 A				
3070 W LAKE MARY BLVD		P.0	P.O. BOX 950596					3. Date Incorporated or Qualific				j
SUITE 1 C			LAKE MARY FL 32795					05/16/1994	su .			
LAKE MARY FL 32746								4. FEI Number			pplied For	1
US								59-3255675			lot Applicable	1
2. Principal P	lace of Business	28.	Mailing Address					5. Certificate of Status Desired	4	\$8.75	Additional	
21		26						3. Certificate of Status Desired		Fee F	lequired	1
Suite, Apt	#, etc.		Suite, Apt. #, etc.					6. Election Campaign Financing	9	<b>\$5.00</b> Added :	May Be	
City & State	9	27	City & State					Trust Fund Contribution  7. Is this nonprofit corporation	bomeowner			1
23	-	28						77 Is this horiprofit corporation		X No	JII.	
Zip	Country		Zip	Coı	untry	,		8. This corporation owes or has				
24	25	29		30				Personal Property Tax due J			No	
	9. Name and Address of Current	t Regis	tered Agent		04			10. Name and Address of New	Registered	Agent	<del></del>	-
					81	Name						
HINN, SAMI G 161 ACADEMY OAKS PLACE ALTAMONTE SPRINGS FL 32714					82	Street A	Address (P.O. Box Number is Not Acceptable)					
					83							
ALIAMO	DIVIE OF MINOS I E SET 14				84						Code	-
						City			FL	.   -   '		-
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State of familiar with, and accept the obliga	2 and 6	i17.1508, Florida Statut	es, the a	bove	e-named o	corpor	ation submits this statement for the	ne purpose of	changing	its registered	]
onice of t	egisterett agent, or bour, in the otate of	01 1 1011	t Cartian C17 OF02 Fi	ICH IONEC	itutes	nic corp	Olumoi	to bould of directors. Thereby at	ocht the app	0.10.10.10	3.0g.0t0.0c	1
agent. i a	em tamiliar with, and accept the obliga	tions of	i, section 6 17.0503, Fit	orida Sta		3.						1
agent. ra SIGNATURE												
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SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AND	nt and title	if applicable. (NOT		ed Age				DATE			10/97)
SIGNATURE .  12.  TITLE	Signatura, typed or printed name of registered agen OFFICERS AND D	nt and title	if applicable. (NOT	E: Registere	ed Age			when reinstating)	DATE	DIRECTO	RŚ IN 12	17 (10/97)
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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:

SIGNATURE: