
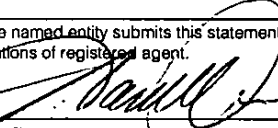
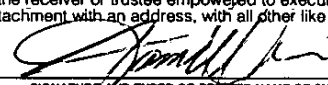


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90098 041 \*\*\*\*70.00

<b>DOCUMENT # N94000002560</b> 1. Entity Name <b>THE GATHERING PLACE WORSHIP CENTER, INC.</b>					
Principal Place of Business 1701 ORANGE BLVD. SANFORD, FL 32771 US			Mailing Address P.O. BOX 950596 LAKE MARY, FL 32795		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>PO Box 951629</b> Suite, Apt. #, etc.		
City & State Zip			City & State <b>Lake Mary, FL</b> Zip <b>32795</b>		
Country <b>USA</b>			4. FEI Number <b>59-3404761</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent  <b>HINN, SAMI G</b> <b>161 ACADEMY OAKS PLACE</b> <b>ALTAMONTE SPRINGS, FL 32714</b>			7. Name and Address of New Registered Agent Name <b>Hinn, Sami G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1329 Balentyne Place</b> City <b>Apopka</b> <b>FL</b> Zip Code <b>32703</b>		
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  DATE <b>1/6/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing. Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State.</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1329 BALENTYNE PLACE				
CITY-ST-ZIP	APOPKA, FL 32703				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1329 BALENTYNE PLACE				
CITY-ST-ZIP	APOPKA, FL 32703				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	503 NORTH CAUSEWAY #101				
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1129 ORANGE BLVD				
CITY-ST-ZIP	LAKE MARY, FL 32746				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	24715 ADAIR AVENUE				
CITY-ST-ZIP	SORRENTO, FL 32776				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>1/6/05</b> <b>407-324-0200</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50025410**



01052005 Chg-NP CR2E037 (10/03)

address change only