


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90342 030 ****61.25

DOCUMENT # N94000002560					
1. Entity Name THE GATHERING PLACE WORSHIP CENTER, INC.					
Principal Place of Business 1701 ORANGE BLVD. SANFORD, FL 32771 US			Mailing Address P.O. BOX 951629 LAKE MARY, FL 32795		
2. Principal Place of Business		3. Mailing Address			
Suite Apt #, etc		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent HINN, SAMI G 1329 BALENTYNE PLACE APOPKA, FL 32703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HINN, SAMI G 1329 BALENTYNE PLACE APOPKA, FL 32703 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Hinn, Sami G. 1825 S. Orange Blvd. Sanford, FL 32771 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HINN, ERIKA G 1329 BALENTYNE PLACE APOPKA, FL 32703 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S Hinn, Erika G. 1825 S. Orange Blvd. Sanford, FL 32771 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V KEEFAUVER, ROBERT L 503 NORTH CAUSEWAY #101 NEW SMYRNA BEACH, FL 32169 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V Keefauver, Robert L. 467 Pinewood Way Cataula, GA 31804 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T WELKER, JEFF 1129 ORANGE BLVD LAKE MARY, FL 32746 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	T Welker, Jeff 1596 Redwood Grove Terrace Lake Mary, FL 32746 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Ting, James 885 Garden Glen Loop Lake Mary, FL 32746 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/06 407-324-0200 <small>Date Daytime Phone #</small>		

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