2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002560

FILED Jan 03, <u>2007</u> Secretary of State

Entity Name: THE GATHERING PLACE WORSHIP CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 1701 ORANGE BLVD. SANFORD, FL 32771 US **Current Mailing Address: New Mailing Address:** P.O. BOX 951629 LAKE MARY, FL 32795 FEI Number: 59-3404761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HINN, SAMI G HINN, SAMI G 1329 BALENTYNE PLACE 2056 LOCKHAVEN PT. APOPKA, FL 32703 LONGWOOD, FL 32779 US 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. SIGNATURE: 01/03/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HINN, SAMI G HINN, SAMI G Name: Name: 1825 S. ORANGE BLVD. Address: 2056 LOCKHAVEN PT. Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: LONGWOOD, FL 32779 Title: Title: (X) Change () Addition () Delete HINN, ERIKA G Name: HINN, ERIKA G Name: Address: 1825 S. ORANGE BLVD. Address: 2056 LOCKHAVEN PT. City-St-Zip: SANFORD, FL 32771 City-St-Zip: LONGWOOD, FL 32779 Title: () Delete Title: (X) Change () Addition KEEFAUVER, ROBERT L KEEFAUVER, ROBERT L Name: Name: 467 PINEWOOD WAY 221 FOREST BROOK ESTATES DRIVE Address: Address: City-St-Zip: CATAULA, GA 31804 City-St-Zip: BLACK MOUNTAIN, NC 28711 Title: Title: () Delete (X) Change () Addition Name: WALKER, JEFF Name: WELKER, JEFF 1596 REDWOOND GROVE TERRACE 1596 REDWOOND GROVE TERRACE Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 Title: () Delete Title: () Change (X) Addition TING, JAMES Name: Name: 885 GARDEN GLEN LOOP Address: Address: City-St-Zip: City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY WELKER Т 01/03/2007