

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002560

FILED
Feb 18, 2009
Secretary of State

Entity Name: THE GATHERING PLACE WORSHIP CENTER, INC.

Current Principal Place of Business:

1701 ORANGE BLVD.
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 951629
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 59-3404761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINN, SAMI G
2056 LOCKHAVEN PT.
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HINN, SAMI G
Address: 2056 LOCKHAVEN PT.
City-St-Zip: LONGWOOD, FL 32779

Title: S () Delete
Name: HINN, ERIKA G
Address: 2056 LOCKHAVEN PT.
City-St-Zip: LONGWOOD, FL 32779

Title: T () Delete
Name: WELKER, JEFF
Address: 1596 REDWOOND GROVE TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: TING, JAMES
Address: 885 GARDEN GLEN LOOP
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: NELSON, MICHAEL
Address: PO BOX 277
City-St-Zip: WINTER PARK, FL 32790

I hereby certify that the information supplied with this filing does not qualify 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

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02/18/2009

Electronic Signature of Signing Officer or Director

Date