

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005878

FILED
Feb 18, 2005
Secretary of State

Entity Name: PALM COAST GOSPEL HALL, INC.

Current Principal Place of Business:

222 SAGEBRUSH TRAIL
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

222 SAGEBRUSH TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3289628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKILLOP, WILLIAM
222 SAGEBRUSH TRAIL
ORMOND BEACH, FL 32174 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: PSTD () Delete
Name: MCKILLOP, WILLIAM
Address: 222 SAGEBRUSH TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: NOEL, THOMAS A
Address: 1 WAYLER PLACE
City-St-Zip: PALM COAST, FL 32137

Title: VD () Delete
Name: BERNARD, LORREL
Address: 39 WOODWORTH DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: NOEL, MARK
Address: 1 WAYLER PLACE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: CECIL F. ELLIOTT,
Address: 51 WOODWORTH DRIVE
City-St-Zip: PALM COAST, FL

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM MCKILLOP

PRES

02/18/2005

Electronic Signature of Signing Officer or Director

Date