


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90026 007 ****61.25

DOCUMENT # N95000004263

1. Entity Name
THREE DIMENSIONS GOSPEL FELLOWSHIP, INC.



Principal Place of Business
**2506 FUNSTON STREET
 HOLLYWOOD FL 33020**

Mailing Address
**2506 FUNSTON STREET
 HOLLYWOOD FL 33020**



2. Principal Place of Business
**17767 69th street
 Suite, Apt. #, etc. North**

3. Mailing Address
**SAME
 Suite, Apt. #, etc. SAME**

1st MOORE CR2E037 (10/04)

City & State
Loxahatchee Florida

City & State
SAME

4. FEI Number
65-0611937

Applied For
 Not Applicable

Zip
33470

Country
USA

Zip
SAME

Country
SAME

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WILLIAMS, MARTEL
 3031 NW 172 TERRACE
 MIAMI FL 33056**

**Rev. Dr. Jacob McCrae
 748/752 North Dixie Hwy.
 Hollywood Florida 33020**

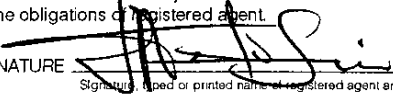
7. Name and Address of New Registered Agent
 Name
Rev. Dr. Jacob McCrae

Street Address (P.O. Box Number is Not Acceptable)
748/752 North Dixie Hwy.

City
Hollywood Fla. 33020 FL

Zip Code
33020

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  (NOTE: Registered Agent signature required when reinstating)

DATE **6/6/05**

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLOFIN, ABIODUN J 2506 FUNSTON STREET HOLLYWOOD FL 33020 <i>Bishop, founder, Overseer</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLOFIN, FUNLOLA 2506 FUNSTON STREET HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CF WILLIAMS, ADDIE M 3031 NW 172 TERRACE MIAMI FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMS, MARTEL 3031 NW 172 TERRACE MIAMI FL 33056 <i>Deceased</i>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bishop A.J. Olofin - founder/overseer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pastor S.A. Daramola - Nigeria</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____