

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004263

FILED  
May 12, 2006  
Secretary of State

**Entity Name:** THREE DIMENSIONS GOSPEL FELLOWSHIP, INC.

**Current Principal Place of Business:**

17767 69TH STREET NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

17767 69TH ST NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

2506 FUNSTON STREET  
HOLLYWOOD, FL 33020

**New Mailing Address:**

17767 69TH ST NORTH  
LOXAHATCHEE, FL 33470

**FEI Number:** 65-0611937      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCCRAE, JACOB  
748/752 NORTH DIXIE HWY  
HOLLYWOOD, FL 33020      US

**Name and Address of New Registered Agent:**

OLOFIN, ABIODUN J BISHOP  
17767 69TH ST NORTH  
LOXAHATCHEE, FL 33470      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: ABIODUN J OLOFIN

05/12/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D            ( ) Delete  
Name: OLOFIN, ABIODUN J  
Address: 2506 FUNSTON STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D            ( ) Delete  
Name: OLOFIN, FUNLOLA  
Address: 2506 FUNSTON STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: CF            ( ) Delete  
Name: WILLIAMS, ADDIE M  
Address: 3031 NW 172 TERRACE  
City-St-Zip: MIAMI, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D            (X) Change ( ) Addition  
Name: OLOFIN, ABIODUN J  
Address: 17767 69TH ST NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D            (X) Change ( ) Addition  
Name: OLOFIN, FUNLOLA  
Address: 17767 69TH ST NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

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 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: ABIODUN J OLOFIN

D

05/12/2006

Electronic Signature of Signing Officer or Director

Date