


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90036 006 ****61.25

DOCUMENT # N96000003033

1. Entity Name
SOUTH FLORIDA GOSPEL CHURCH INC.



Principal Place of Business Mailing Address
MARTIN LUTHER KING JR PRIMARY SCHOOL 4882 NW 8TH STREET
451 NW 31ST ST FT LAUDERDALE FL 33311 3900 N. State Rd 7
US Lauderdale, Fl 33319

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0675273** Applied For
 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
GAYLE, INEZ
10308 WELLEBY ISLE LANE
SUNRISE FL 33351

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *Inez Gayle* DATE *3/24/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 | D | <input type="checkbox"/> Delete |
| NAME | MASTERS, HERBERT A | |
| STREET ADDRESS | 9445 FONTAINBLEAU BLVD, #111 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | GAYLE, INEZ | |
| STREET ADDRESS | 10308 WELLEBY ISLE LANE | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | VCT | <input type="checkbox"/> Delete |
| NAME | PAYNE, GEORGE | |
| STREET ADDRESS | 4882 NW 8 ST | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BUCHANAN, LLOYD | |
| STREET ADDRESS | 1060 NW 196 ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MASTERS, EDWARD | |
| STREET ADDRESS | 19936 NW 86 CT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | HAMILTON, ANDREA | |
| STREET ADDRESS | 1575 SANDPIPER CIRCLE | |
| CITY-ST-ZIP | WESTON FL 33327 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *H. A. Masters* **H. A. MASTERS** DATE: *02-10-04* **02-10-04** DAYTIME PHONE #: *305-223-1357* **305-223-1357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #