


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90202 046 ****61.25

DOCUMENT # N96000003033 1. Entity Name SOUTH FLORIDA GOSPEL CHURCH INC.					
Principal Place of Business 3900 N. STATE RD. 7 LAUDERDALE, FL 33319 US			Mailing Address 4882 NW 8TH STREET FT. LAUDERDALE, FL 33317		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04232007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0675273	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GAYLE, INEZ 10308 WELLEY ISLE LANE SUNRISE, FL 33351				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GAYLE, INEZ 10308 WELLEY ISLE LANE SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cole, Hazel 10160 NW 24th Place # 202 Sunrise, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT PAYNE, GEORGE 4882 NW 8 ST PLANTATION, FL 33317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James, Jennifer 2861 Somerset Drive F 402 Lauderdale Lakes, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT BUCHANAN, ARTHUR 1060 NW 196 ST MIAMI, FL 33169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.E Aiken Ansel 4424 SW 72nd Way. Davie FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMILTON, ANDREA 1575 SANDPIPER CIRCLE WESTON, FL 33327	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Hamilton, Andrea 1575 Sandpiper Circle. Weston, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			April 24 th 2007 954-581-2287. <small>Date Daytime Phone #</small>		