

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005811		
1. Entity Name THE GATHERING COMMUNITY CHURCH, INC.		
Principal Place of Business 4436 TIDEWATER DR ORLANDO, FL 32812 US	Mailing Address P.O. BOX 560215 ORLANDO, FL 32856-0215	



04252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3409513	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PFLEIDERER, SPENCER T 4436 TIDEWATER DRIVE ORLANDO, FL 32812	DO NOT WRITE IN THIS SPACE
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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 retreating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

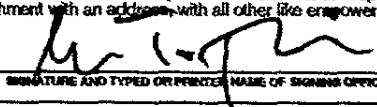
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RETAILLACK, BRUCE N 1106 KASPER DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PFLEIDERER, SPENCER 4436 TIDEWATER DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIFFITHS, JOE 3707 BATLIN WOODS DR ORLANDO, FL 32812
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/04-80086-025 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/26/04** **407-383-8566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #