## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

1. Entity Name THE GATHERING COMMUNITY CHURCH, INC.								04-29-200	5 90279	028 ****6	51.25	
Principal Plac 4436 TIDEW ORLANDO, F	ATER DR	us	P.O. I	Address 30X 560215 NDO, FL 32856-	0215			a paracelari a paracelari	(4044 Bill) 245(( BBH)		#1186 IMINI 42886 II	IIII PI Bėzusi
2. Principal P	Place of Busin	ness	3. Maili	ng Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				04262005	Chg-NP	CR2E	037 (10/03)	
City & State			City	City & State				4. FEI Numbe 59-3409			<del>_</del> _	pplied For ot Applicable
Zip Country		Zip	Zip Cou		intry		5. Certificate	of Status Desired		\$8.75 Ad Fee Require	ditional	
	6. Name	and Address of Current	Registere	d Agent				7. Name and	Address of Nev	Registered	Agent	
OEI EINES	DED CDE	NCEP T				Name						
PFLEIDERER, SPENCER T 4436 TIDEWATER DRIVE ORLANDO, FL 32812				Street Address			ldress (F	(P.O. Box Number is Not Acceptable)				
-	,					C3.					Zip Coo	4-
						City				F		ne 
	named entit tions of regist	y submits this statement fo tered agent.	r the purpo	ose of changing its	registere	ed office or r	registere	ed agent, or bot	h, in the State of	Florida. I an	n familiar with	, and accept
OLOMATURE.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when relinating)  DATE												
		•						-				
	_	ne is \$61,25 May 1, 2005		9. Election Car Trust Fund 0			<b>J</b>	\$5.00 May Bo	F	Make che	ck payable tertment of S	
10.	Due by I	•	RECTORS				<u> </u>	Added to Fees	F ANGES TO OFFI	Make che orida Depi	ertment of S	itate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RETALLA	OFFICERS AND DI	RECTORS		11. TITLE NAM STRE	ion. [	<u> </u>	Added to Fees	F	Make che orida Depi	ertment of S	itate
TITLE NAME STREET ADDRESS	TD RETALLA 1108 KAS ORLAND PD PFLEIDE 4438 TIDI	OFFICERS AND DI OFFICERS AND DI ACK, BRUCE N SPER DR	RECTORS	Trust Fund (	11. TITLE NAM STRE CITY TITLE NAM STRE	E E E ET ADDRESSST-ZIP	<u> </u>	Added to Fees	F	Make che orida Depi	PIRECTORS II	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD RETALLA 1106 KAS ORLAND PD PFLEIDEI 4438 TIDI ORLAND VD GRIFFITI 3707 BAT	Apy 1, 2005  OFFICERS AND DI  ACK, BRUCE N  SPER DR  O, FL 32806  RER, SPENCER  EWATER DR  O, FL 32812	RECTORS	Trust Fund C	11. TIRLE NAM STRE CITY TIRLE NAM STRE CITY TIRLE NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	A	Added to Fees	F	Make che orida Depi	DIRECTORS () Change	tate V 10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD RETALLA 1106 KAS ORLAND PD PFLEIDEI 4438 TIDI ORLAND VD GRIFFITI 3707 BAT	OFFICERS AND DI ACK, BRUCE N SPER DR O, FL 32806  RER, SPENCER EWATER DR O, FL 32812  IS, JOE 'LIN WOODS DR	RECTORS	Trust Fund C	TITLE NAME STREE CITY TITLE NAME STREE STREE	E E ET ADDRESS - ST-ZIP	A D Ham 2587 Oylo Wins 353° Oylo	lin, Paul 2 Sheffundo FL Ship, Deni 7 Oakwa	ANGES TO OFFI	Make che orida Depa CERS AND D	Change	N 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TD RETALLA 1106 KAS ORLAND PD PFLEIDEI 4438 TIDI ORLAND VD GRIFFITI 3707 BAT	OFFICERS AND DI ACK, BRUCE N SPER DR O, FL 32806  RER, SPENCER EWATER DR O, FL 32812  IS, JOE 'LIN WOODS DR	RECTORS	Trust Fund C	TITLE  TITLE  TAME  STREE  CITY  TITLE  NAME  STREE  STRE	E E E E E E E E E E E E E E E E E E E	A A A A A A A A A A A A A A A A A A A	lin, Paul 2 Sheff 2 Ship, Deni 1 Oakwa 2 ando, Fl 2 nerman, 7 Cosine	Held Ave 32806 nis der Poixon	Make che orida Depa DERS AND D	Change	N 10 Addition Addition Addition

2. I neerby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Horida Statutés, 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 cath; 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:	m	Ton-	4/26/05	407-383-8566
	SIGNATURE AND TYPED OR PR	NTED NAME OF BIGNING OFFICER OR DIRECTOR	/ Date /	Daytime Phone #