


FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002315

1. Corporation Name
GOSPEL VISION WORSHIP CENTER, INC.

Principal Place of Business 130 N.W. 36TH STREET MIAMI FL 33127	Mailing Address 130 N.W. 36TH STREET MIAMI FL 33127
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21 130 N.W. 36 th ST	2a. Mailing Address 26 130 N.W. 36 th ST	3. Date Incorporated or Qualified 04/21/1998
22 Suite, Apt. #, etc.	27 H130	4. FEI Number 650834023
23 MIAMI FL	28 MIAMI FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33127 25 DADE	29 33127 30 DADE	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FORBES, RUFUS N REV.
450 N.E. 68TH STREET
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORBES, RUFUS N REV.	
STREET ADDRESS	450 N.E. 68TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBERSON, RUTH N	
STREET ADDRESS	3929 N.W. 194TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOON, RICHARD	
STREET ADDRESS	6720 N.E. 5TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, EYVONNE P	
STREET ADDRESS	3929 N.W. 194TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CHRISSELLE	
STREET ADDRESS	3929 N.W. 194TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Judith Thompson	
1.3 STREET ADDRESS	10,230 N.W. 9 Ave	
1.4 CITY-ST-ZIP	Miami FL 33136	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kenneth McShee	
2.3 STREET ADDRESS	2391 N.W. 57 Street	
2.4 CITY-ST-ZIP	Miami, FL 33142	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Williams	
3.3 STREET ADDRESS	500 NE 77 St 5th Ave	
3.4 CITY-ST-ZIP	Miami, FL 33138	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Andrea Jackson	
4.3 STREET ADDRESS	1835 N.W. 162 nd Street	
4.4 CITY-ST-ZIP	Miami Fla - 33169	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 4/27/99 DAYTIME PHONE #: (305) 576-9793

CR2E037 (11/98)