


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90003 017 ****61.25

DOCUMENT # N98000002315

1. Entity Name
 GOSPEL VISION MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business
 130 NW 36TH STREET
 130
 MIAMI, FL 33127

Mailing Address
 130 NW 36TH STREET
 130
 MIAMI, FL 33127

50053834



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
 65-0834023

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

FORBES, RUFUS N REV.
 1007 NW 147ST
 MIAMI, FL 33168

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 Rev RUFUS N FORBES DATE 5/29/2005

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

Filing Fee is \$61.25
Due by September 7, 2005

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	PD	<input type="checkbox"/> Delete
NAME	FORBES, RUFUS N REV.	
STREET ADDRESS	450 N.E. 68TH STREET	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHYTE, CAROL	
STREET ADDRESS	3791 NW 197TH TERR	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, LISA	
STREET ADDRESS	1676 NW 56TH ST	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	PR	<input type="checkbox"/> Delete
NAME	NEAT, BETTY	
STREET ADDRESS	130 NW 86-ST	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ALVIA	
STREET ADDRESS	16915 SW 93RD CT	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORBES, MARCIA	
STREET ADDRESS	1001 NW 167TH ST	
CITY-ST-ZIP	MIAMI, FL 33168	

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	Church Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martine P. ton	
STREET ADDRESS	1232 S. S. G. ST.	
CITY-ST-ZIP	opp rocka, FL-33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dean Pratt	
STREET ADDRESS	3210 S.W. 66th terrace	
CITY-ST-ZIP	Miami, FL 33083	
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: Rufus N Forbes DATE: 5/29/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

cell. 786-326-7116