


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90391 038 \*\*\*\*61.25

<b>DOCUMENT # N98000002315</b>			
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	
2. Principal Place of Business 40 1890 OPALOCKA BLVD		3. Mailing Address 40 1890 OPALOCKA BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OPALOCKA		City & State OPALOCKA	
Zip FL	Country USA	Zip 33054	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FORBES, RUFUS N REV. 1007 NW 147ST MIAMI, FL 33168		Name Street Address (P.O. Box Number is Not Acceptable) 40 1890 OPALOCKA BLVD City OPALOCKA FL Zip Code 33054	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORBES, RUFUS N REV. 450 N.E. 68TH STREET MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTHA CURTIS 1890 OPALOCKA BLVD OPALOCKA, FL 33054-4224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHYTE, CAROL 3791 NW 197TH TERR MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS PITON, MARTINE 1232 SESQUINE STREET OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR NEAT, BETTY 130 NW 86-ST MIAMI, FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRATT, DEAN 3210 SW 66TH TERRACE MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORBES, MARCIA 1001 NW 167TH ST MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Martha Curtis</i> MARTHA CURTIS		Date: 4-22-06	Daytime Phone #: 305-688-0099
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>