2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000002315

1. Entity Name

GOSPEL VISION MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

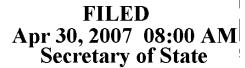
C/O 1890 OPALOCKA BLVD OPA LOCKA, FL 33054 Mailing Address

130 NW 36TH STREET

130

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33127





04182007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0834023 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORBES, RUFUS N REV. C/O 1890 OPALOCKA BLVD OPA LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE

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				required when reinstating)	DATE	
,	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financing Trust Fund Contribution.	· 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORBES, RUFUS N REV. 450 N.E. 68TH STREET MIAMI, FL 33138				U00000746794 05/16/07-80082-017 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHYTE, CAROL 3791 NW 197TH TERR MIAMI, FL 33169					
TITLE	CS				•	
NAME STREET ADDRESS CITY-ST-ZIP	PITON, MARTINE 1232 SESQUINE STREET OPA LOCKA, FL 33054			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR NEAT, BETTY 130 NW 86-ST MIAMI, FL 33150		IN THIS SPACE			
ITILE NAME STREET ADDRESS CITY-ST-ZIP	T PRATT, DEAN 3210 SW 66TH TERRACE MIRAMAR, FL 33023					

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 kustee 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 in address, with all other like empowered.

SIGNATURE:

FORBES, MARCIA

1001 NW 167TH ST

MIAMI, FL 33168

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-7

954-542-4276

Deta

Daytime Phone #