## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005643

Name:

Address:

City-St-Zip:

FILED Mar 03, 2005 Secretary of State

Entity Na	me: GOSPEL	FELLOWSHIP OF INDIA INC						
Current P	rincipal Place	of Business:	New Principal Place of Business:					
2291 COU LAKELANI	PLES DR D, FL 33813							
Current M	lailing Addres	ss:	New Maili	New Mailing Address:				
2291 COU LAKELANI	PLES DR D, FL 33813							
FEI Number	: 59-3537777	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certifica	te of Status Desi	ired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:				
2291 COU	HY, KURIAN P IPLES DR D, FL 33813	REV. US						
	named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registere	ed office or re	egistered agen	t, or both,	
SIGNATU	RE:							
	Electror	nic Signature of Registered Ag	ent			Date		
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DP ( ) AUGUSTHY, KU 2291 COUPLES LAKELAND, FL	S DR	Title: Name: Address: City-St-Zip:		( ) Change(	) Addition		
Title: Name: Address: City-St-Zip:	GEORGE, JOS	RFIELD CIRCLE	Title: Name: Address: City-St-Zip:		( ) Change (	) Addition		
Title: Name: Address: City-St-Zip:	DT ( ) AUGUSTHY, SA 2291 COUPLES LAKELAND, FL	S DR	Title: Name: Address: City-St-Zip:		(X) Change ( EPH A GHLAND DR ), FL 33813	( ) Addition		
Title:		) Delete	Title:	D	() Change (	X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KURIAN P. AUGUSTHY DP 03/03/2005

AUGUSTHY, SARAMMA K

2291 COUPLES DR LAKELAND, FL 33813