


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000000414	
1. Entity Name GOSPEL PRAYER BAND CHURCH OF JESUS CHRIST, INC.	

Principal Place of Business 420 MARTIN LUTHER KING BLVD. SOUTH BAY, FL 33493	Mailing Address 801 SOUTHWEST AVE J BELLE GLADE, FL 33430
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01042005 No Chg-NP CR2E037 (10/03)

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4. FCI Number 65-0571285	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCALLISTER, PHYLLIS 801 SW AVENUE J BELLE GLADE, FL 33430

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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 <i>Phyllis McAllister - Secretary</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 1-5-05 <small>(NOTE: Registered Agent signature required when reconstituting)</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	LORETHA, WILSON
STREET ADDRESS	733 SE 3RD ST
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	DV
NAME	CANTY, PATRICIA
STREET ADDRESS	417 EAST AVE A
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	T
NAME	LANE, MARIA
STREET ADDRESS	43 DAVIS TERR
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	S
NAME	MCALLISTER, PHYLLIS
STREET ADDRESS	801 SW AVE J
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	CT
NAME	WILSON, CLINTON
STREET ADDRESS	733 SE 3RD ST
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Phyllis McAllister - Secretary</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 1/5/05 Daytime Phone # 561-992-9716