


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

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90146 001 \*\*\*\*61.25  
03-15-2006 90146 002 \*\*\*\*\*8.75

**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**

**DO NOT WRITE IN THIS SPACE**



02072006 No Chg-NP CR25037 (11/05)

4. FEI Number <b>65-0571285</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

**MCallister, Phyllis  
801 SW AVENUE J  
BELLE GLADE, FL 33430**

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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 Phyllis MCallister, secretary 2/8/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LORETHA, WILSON 733 SE 3RD ST BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CANTY, PATRICIA 417 EAST AVE A BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANE, MARIA 43 DAVIS TERR BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCallister, Phyllis 801 SW AVE J BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT WILSON, CLINTON 733 SE 3RD ST 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 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: Phyllis MCallister (Phyllis MCallister) secretary 2/8/06 <sup>(561)</sup>  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #