2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

SIGNATURE:

Mar 09, 2004 8:00 am **Secretary of State** DOCUMENT # P02000126787 03-09-2004 90043 010 ***150.00 GOSPEL WORLD, INC. OF JACKSONVILLE Principal Place of Business Mailing Address 4400022-3000-48 DUNN AVENUE JACKSONVILLE FL 32218 3522 CYNTHIA AVENUE CALLAHAN FL 32011 2. Principal Place of Business 54104 Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FE! Number Applied For 22-3884340 Not Applicable Hahar Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUDD, JONATHAN M Street Address (P.O. Box Number is Not Acceptable) 3522 CYNTHIA AVENUE CALLAHAN FL 32011 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE ■ Addition ☐ Delete Rudd, Jonathan M RUDD, JONATHAN M NAME NAME 3522 CYNTHIA AVENUE STREET ADDRESS STREET ADDRESS 54104 CYNTHIA AVE Callainen FL 32011 CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition Rudd, Roy L. Sr RUDD, ROY L SR NAME NAME 54164 CYNTHA AVE STREET ADDRESS 3522 CYNTHIA AVE STREET ADDRESS CITY-ST-ZIP CALLAHAN FL 32011 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME RUDD, PATRICIA V NAME Rudd PATILICIA V. STREET ADDRESS 3522 CYNTHIA AVE STREET ADDRESS 54104 cynthia au CITY-ST-ZIP CITY-ST-ZIP CALLAHAN FL 32011 Callation FL 32011 TITLE TITLE ☐ Delete Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED