2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 08, 2005 08:00 AM Secretary of State DOCUMENT # P03000044468 1. Entity Name GREAT HOST CHRISTIAN PUBLISHING, INC. Principal Place of Business Mailing Address 1752 CHESTNUT AVE 1752 CHESTNUT AVE WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 2nd MOORE CR2E034 (5/05) City & State City & State 4. FEI Number Applied For 83-0391691 Not Applicable Zip Country \$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 Name CHOSER, YOLANDA M Street Address (P.O. Box Number is Not Acceptable) 1752 CHÉSTNUT AVE WINTER PARK FL 32789 City 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 \$550.00 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. \mathbf{Z} 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. UEF Delete TITLE ☐ Change ☐ Addition CHOSER, YOLANDA M NAME NAME 000000375795 08/08/05-80001-020 150.00 1752 CHESTNUT AVE STREET ADDRESS STREET ADDRESS CHY-SI-ZIP WINTER PARK FL 32789 CITY-ST-ZIP THE ☐ Delete Сhange Addition NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME CIRCET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete HTIE ☐ Change ☐ Addition NAME NAME STREET ADDRESS SIREEL ADDRESS CITY-ST-ZIP CFTY-51-21P TITLE ☐ Delete TITLE 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-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 changed, or on an attachment with an address, with all other like empowered.

FILED

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