


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000005886**  
 1. Entity Name  
**GOSPEL POWER MINISTRIES INC.**



Principal Place of Business      Mailing Address  
**801 E. ORANGE AVENUE**      **P O BOX 840**  
**EUSTIS, FL 32727**      **EUSTIS, FL 32727**

**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-NP      CR2E037 (4/06)

4. FEI Number  
**77-0496029**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**SPEEGLE, ALLEN**  
**801 E. ORANGE AVENUE**  
**EUSTIS, FL 32727**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**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	CP SCHRAM, PATRICK 2763 WAVE L BOX 109 LANCASTER, CA 93536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPEEGLE, ALLEN 801 E. ORANGE AVENUE EUSTIS, FL 32727
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHRAM, CHARLOTTE 801 E. ORANGE AVE. EUSTIS, FL 32727
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, THOMAS 801 E. ORANGE AVE EUSTIS, FL 32727
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000725195  
 05/03/07-80012-017 70.00

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**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:** Allen Speegle      4/18/07      352-589-1105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #