## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F0100005886

1. Entity Name

## GOSPEL POWER MINISTRIES INC.

**FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90168 026 \*\*\*\*61.25

						To We	35					
				ng Address .								
				P O BOX 840 EUSTIS FL 32727								
2 Principal 6	Place of Busine	ice.	1 2 Ma	iling Address								
2. Principal Place of Business 3. Ma				ailing Address								
Suite, Apt. #, etc. S				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number <b>77-0496029</b> Applied For Not Applicable				
Zip Country			Zi	Zip Country			•	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered				ed Agent	nt			7. Name and Address of New Registered Agent				
and the second of the second o						Name						
SPEEGLE, ALLEN 801 E. ORANGE AVENUE						Street Add	dress (I	P.O. Box Number is N	ot Acceptable)			
EUSTIS FL 32727					City			<b>-</b> ,•••		EI Zip Cod	de	
9 The shows	nomed entity	submits this statement fo		and of about 1 to		-1 -41				FL   Zip Coo		
the obliga	tions of registe	red agent.	or the purp	bose or changing its	registere	d once or re	egisteri	ed agent, or both, in t	ne state of Florida. T	am ramiliar with,	and accept	
		\$2. \$7									Ì	
SIGNATURE	Signature, typed or	printed name of registered agent	and title if ap	plicable. (NOT	E: Registered	Agent signature	required	when reinstating)	D	ATE.		
* ************************************					· · · · · · · · · · · · · · · · · · ·							
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		neck Payable partment of			
10.	10: OFFICERS AND DIRECTORS				11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	CP			☐ Delete		<u> </u>	1227710710707171102	0.000207	☐ Change	Addition		
NAME ,	SCHRAM, PATRICK			NAM								
STREET ADDRESS CITY-ST-ZIP	2763 W AVE L BOX 109 LANCASTER CA 93536				T ADDRESS ST-ZIP							
TITLE	DV			☐ Delete	TITLE					☐ Change	Addition	
NAME	SPEEGLE, ALLEN								_ ,	_ [		
STREET ADDRESS CITY-ST-ZIP	801 E. ORA   EUSTIS FL	NGE AVENUE				T ADDRESS ST-ZIP						
TITLE	DS	JEI EI		☐ Delete	TITLE	<del></del>		·		Change	Addition	
NAME	SCHRA, CH			- Delete	NAME	i	SCI	HRAM		SPELL	N 6	
STREET ADDRESS	801 E. ORA					T ADDRESS				CORRE	CTION)	
CITY-ST-ZIP	EUSTIS FL	32727			_	ST-ZIP						
TITLE NAME	COOPER, T	HOMAS		☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS	801 E. ORA					T ADDRESS						
CITY-ST-ZIP	EUSTIS FL	32727			CITY-S	ST-ZIP						
TITLE				☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	1				NAME STREET	T ADDRESS						
CITY-ST-ZIP					CITY-S							
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition	
NAME					NAME							
STREET ADDRESS CITY-ST-ZIP					STREET CITY-S	T ADDRESS ST-ZIP						
	certify that the i	nformation supplied with	this filing	does not qualify for			d in Sec	ction 119.07(3)(i), Flor	ida Statutes. I further	r certify that the i	nformation	

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:

SIGNAMAN FORDAR RETHOMAS M. COOPER 5 FEB. 2003 352 589 1105