


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90016 012 \*\*\*\*70.00

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DOCUMENT # F03000001021			
1. Entity Name AMERICAN SCRIPTURE GIFT MISSION CORPORATION			
Principal Place of Business TENTH STREET PRESBYTERIAN CHURCH P.O. BOX 410280 MELBOURNE, FL 32941		Mailing Address <del>TENTH STREET PRESBYTERIAN CHURCH</del> P.O. BOX 410280 MELBOURNE, FL 32941	
2. Principal Place of Business		3. Mailing Address <i>AMERICAN SCRIPTURE GIFT MISSION</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>same</i>	
City & State		City & State <i>same</i>	
Zip		Zip <i>same</i>	
Country		Country	
4. FEI Number 23-1352023		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent POWELL, GARY 3270 SUNTREE BLVD. MELBOURNE, FL 32941		7. Name and Address of New Registered Agent Name: <i>GARY POWELL</i> Street Address (P.O. Box Number is Not Acceptable): <i>588 LAKE VICTORIA CIRCLE</i> City: <i>MELBOURNE</i> FL Zip Code: <i>32940</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	COB <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, JAMES	NAME	
STREET ADDRESS	7989 BUCK HAVEN VIEW	STREET ADDRESS	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80919	CITY-ST-ZIP	
TITLE	VCOB <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, CARROLL	NAME	
STREET ADDRESS	234 CONGRESS AVE.	STREET ADDRESS	
CITY-ST-ZIP	LANDSDOWNE, PA 19050	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, THOMAS	NAME	
STREET ADDRESS	1524 CARILLON PARK DR.	STREET ADDRESS	
CITY-ST-ZIP	OVEIDO, FL 32765	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLING, DAVID DR	NAME	
STREET ADDRESS	1 RIVERSIDE COLSE, HALTON	STREET ADDRESS	
CITY-ST-ZIP	LANCASTER ENGLAND, la26na	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHRER, REV. WALLY	NAME	
STREET ADDRESS	22 LIME AVE., ROFEY	STREET ADDRESS	
CITY-ST-ZIP	HORSHAM, W SUSSEX ENGLAND, RH124DZ	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, GARY	NAME	
STREET ADDRESS	PO BOX 410008	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32941	CITY-ST-ZIP	
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 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: <i>Thomas G. Evans</i> THOMAS G. EVANS		Date: <i>1/10/05</i> 407.366.2484	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	