

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702200

FILED
Jan 05, 2009
Secretary of State

Entity Name: GOSPEL PROJECTS, INC.

Current Principal Place of Business:

6331 CHESTNUT ST
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

6331 CHESTNUT STREET
MILTON, FL 32570

New Mailing Address:

6331 CHESTNUT ST
MILTON, FL 32570 US

FEI Number: 59-0980092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRAINARD, BRIAN TOD
6029 KINGSWOOD DRIVE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRAINARD, ROGER
Address: 6021 KINGSWOOD DR
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: FARRINGTON, WM E
Address: 5685 TREVINO
City-St-Zip: MILTON, FL 32570

Title: VP () Delete
Name: OPAGER, LUDWIG
Address: 6150 OPAGER LANE
City-St-Zip: MILTON, FL 32570

Title: S () Delete
Name: HOBBS, CAROLYN
Address: 6331 CHESTNUT ST
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: WHITNEY, CHRISTOPHER
Address: 6028 KINGSWOOD DR
City-St-Zip: MILTON, FL 32570

Title: T () Delete
Name: FARRINGTON, WILLIAM E.
Address: 5 VEGA DR.
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN TOD BRAINARD

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date