2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733594

FILED Feb 25, 2009 Secretary of State

Entity Name: GOSPEL MISSION OF SOUTH AMERICA, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	. 21ST AVENU UDERDALE, F				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	. 21ST AVENU UDERDALE, F				
FEI Number	r: 23-6055131	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
1730 SW FORT LAI	ON, TERRY L 22 AVENUE UDERDALE, F e named entity		ourpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.	·			
SIGNATU					
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	WANNER, RO	RFIELD CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (HIXSON, WILI 14 POSTON R THE PLAINS,	RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FONTAINE, JA 6801 NW 114		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (PHILBRICK, R 449 BELLSQU CLINTON, ME	JEEZE RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THOMPSON, 1730 SW 22		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MULLER, BILI 400 HARRY R PARKESBURG	D	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: TERRY L THOMPSON D 02/25/2009