

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734784

Entity Name: AMERICAN GOSPEL, INC.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

302 BRIARWOOD CIRCLE N W
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

302 BRIARWOOD CIRCLE N W
FT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 51-0204809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARKINS, JAMES STANLEY
302 BRIARWOOD CIRCLE, N.W.
FT. WALTON BEACH, FL 32548 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: PT () Delete
Name: HARKINS, JAMES S.,
Address: 302 BRIARWOOD CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D () Delete
Name: HARKINS, JAMES S MR
Address: 302 BRIARWOOD CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D () Delete
Name: LANGSTON, DARRYL L MR
Address: 107 GARDENIA CT NW
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D () Delete
Name: HARKINS, LEANORA J MRS
Address: 302 BRIARWOOD CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32548

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES S. HARKINS

PT

01/05/2005

Electronic Signature of Signing Officer or Director

Date