
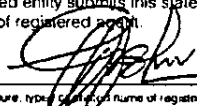
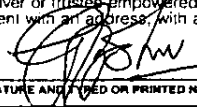


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jun 20, 2006 8:00 am
Secretary of State**

05-10-2006 90095 042 *****70.00

DOCUMENT # 736029 1. Entity Name FROSTPROOF GOSPEL CHURCH, INC.						5/1	
Principal Place of Business 185 MARION PLACE FROSTPROOF FL 33843				Mailing Address 185 MARION PLACE FROSTPROOF FL 33843			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 51-0201790						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 CLEMENT, DOUG 21 BRADFORD BLVD FROSTPROOF FL 33843				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13 BRADFORD BLVD City FROSTPROOF FL Zip Code 33843			
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  GEORGE P. JOHN, CHAIRMAN. <small>Signature, typed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reconstituting) DATE</small>							
FILE NOW: FEE IS \$61.25 Due By: May 1, 2006				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 NAME STREET ADDRESS CITY-ST-ZIP	C JOHN, GEORGE P 1303 BENTLEY DR CARROLLTON TX 75006	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, GEORGE 4112 CREST RIDGE DR IRVING TX 75061	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHACKO, JOHN 42576 SADDLE LN STERLING HEIGHTS MI 48314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAJU, JOSEPH P 13939 WALES CT STERLING HEIGHTS MI 48090	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARAYIL, KURIAN 470 W HWY 96 SHOREVIEW MN 55126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POULOSE, JAMES 1379 GLENWOOD RD KERNERSVILLE NC 27284	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  GEORGE P. JOHN 6/15/06 972 897 9350 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> CHAIRMAN							