


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 736029</b> 1. Entity Name FROSTPROOF GOSPEL CHURCH, INC.	
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Principal Place of Business 185 MARION PLACE FROSTPROOF, FL 33843	Mailing Address 185 MARION PLACE FROSTPROOF, FL 33843
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**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0201790	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  PARAYIL, KURIAN 24 BRADFORD BLVD. FROSTPROOF, FL 33843
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000863060 04/03/08-80077-004 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOHN, GEORGE P 1303 BENTLEY DR CARROLLTON, TX 75006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, GEORGE 4112 CREST RIDGE DR IRVING, TX 75061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHACKO, JOHN 42576 SADDLE LN STERLING HEIGHTS, MI 48314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAJU, JOSEPH P 13939 WALES CT STERLING HEIGHTS, MI 48090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARAYIL, KURIAN 470 W HWY 96 SHOREVIEW, MN 55126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POULOSE, JAMES 1379 GLENWOOD RD KERNERSVILLE, NC 27284

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** 1/21/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHAIRMAN** Date Daytime Phone #