

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

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90128 022 ****61.25

DOCUMENT # 821124

1. Entity Name

THE GOSPEL ASSOCIATION FOR THE BLIND, INC.

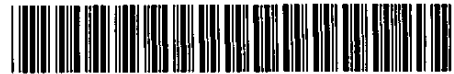


Principal Place of Business

7850 S US HWY 1
BUNNELL FL 32110
US

Mailing Address

P.O. BOX 1162
BUNNELL FL 32110
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
11-2023979

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTANUS, GEORGE
7850 S US HWY 1
BUNNELL FL 32110

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Montanus, President
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

3-22-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROMANO, ANIELLO	
STREET ADDRESS	35 THIRD PLACE	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MONTANUS, HOLLY	
STREET ADDRESS	7850 S US HWY 1	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELANGER, DR. ROSS	
STREET ADDRESS	55 TOWN LINE ROAD	
CITY-ST-ZIP	WETHERSFIELD CT 06109	
TITLE	V	<input type="checkbox"/> Delete
NAME	VERKAIAK, PETER	
STREET ADDRESS	P.O. BOX 273 N/A	
CITY-ST-ZIP	POTTERSVILLE NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERKAIAK, BETTE	
STREET ADDRESS	P.O. BOX 273 N/A	
CITY-ST-ZIP	POTTERSVILLE NY	
TITLE	P	<input type="checkbox"/> Delete
NAME	MONTANUS, GEORGE	
STREET ADDRESS	7850 S US HWY 1	
CITY-ST-ZIP	BUNNELL FL 32110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATHBUN, REV. ROBERT	
STREET ADDRESS	37 HAMPSHIRE STREET	
CITY-ST-ZIP	LOWELL, MA 01850	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, TERRY	
STREET ADDRESS	6420 NW 42nd CT.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Montanus, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06

Date

Daytime Phone #