

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90020 049 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

MONTANUS, GEORGE
7850 S US HWY 1
BUNNELL FL 32110

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RATHBURN, ROBERT REV
37 HAMPSHIRE ST
LOWELL MA 01850 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MONTANUS, HOLLY
7850 S US HWY 1
BUNNELL FL 32110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BELANGER, DR. ROSS
55 TOWN LINE ROAD
WETHERSFIELD CT 06109 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
VERKAIK, PETER
P.O. BOX 273 N/A
POTTERSVILLE NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VERKAIK, BETTE
P.O. BOX 273 N/A
POTTERSVILLE NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MONTANUS, GEORGE
7850 S US HWY 1
BUNNELL FL 32110 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-08

386-586-5885