

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005886

1. Entity Name

GOSPEL POWER MINISTRIES INC.

Principal Place of Business

801 E. ORANGE AVENUE
EUSTIS FL 32727

Mailing Address

801 E. ORANGE AVENUE
EUSTIS FL 32727

2. Principal Place of Business

3. Mailing Address

PO 840

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Eustis

FL

Zip

Country

Zip

32727

Country

USA

4. FEI Number

77-0496029

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

SPEEGLE, ALLEN
801 E. ORANGE AVENUE
EUSTIS FL 32727

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CP ☐ Delete
NAME SCHRAM, PATRICK
STREET ADDRESS 2763 W AVE L BOX 109
CITY-ST-ZIP LANCASTER CA 93536

TITLE DS ☐ Change ☒ Addition
NAME CHARLOTTE SCHRAM (SCHRAM, CHARLOTTE)
STREET ADDRESS 801 E. ORANGE AVENUE
CITY-ST-ZIP EUSTIS, FL 32727

TITLE DV ☐ Delete
NAME SPEEGLE, ALLEN
STREET ADDRESS 801 E. ORANGE AVENUE
CITY-ST-ZIP EUSTIS FL 32727

TITLE T ☐ Change ☒ Addition
NAME THOMAS COOPER (COOPER, THOMAS)
STREET ADDRESS 801 E. ORANGE AVENUE
CITY-ST-ZIP EUSTIS, FL 32727

TITLE D ☒ Delete
NAME GIANO, RICH
STREET ADDRESS 775 MAIN STREET WEST
CITY-ST-ZIP SENECA NY 14224

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

TITLE S ☒ Delete
NAME ERBY, ANTHONY
STREET ADDRESS 801 E. ORANGE AVENUE
CITY-ST-ZIP EUSTIS FL 32727

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE REQUIRED ALLEN SPEEGLE

2 APRIL 2002

352-589-1105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0066387

CR2E037 (9/01)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90061 007 ****61.25



DO NOT WRITE IN THIS SPACE