2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# F01000005886

Entity Name: GOSPEL POWER MINISTRIES INC.

Current Principal Place of Business:

801 E. ORANGE AVENUE
EUSTIS, FL 32727

New Principal Place of Business:

Current Mailing Address:

P O BOX 840
EUSTIS, FL 32727

New Mailing Address:

FEI Number: 77-0496029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPEEGLE, ALLEN
801 E. ORANGE AVENUE
EUSTIS, FL 32727 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: SCHRAM, PATRICK
Address: 2763 W AVE L BOX 109
City-St-Zip: LANCASTER, CA 93536

Title: DV ( ) Delete
Name: SPEEGLE, ALLEN
Address: 801 E. ORANGE AVENUE
City-St-Zip: EUSTIS, FL 32727

Title: DS ( ) Delete
Name: SCHRAM, CHARLOTTE
Address: 801 E. ORANGE AVE.
City-St-Zip: EUSTIS, FL 32727

Title: T ( ) Delete
Name: COOPER, THOMAS
Address: 801 E. ORANGE AVE
City-St-Zip: EUSTIS, FL 32727

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. COOPER T 06/30/2005

Electronic Signature of Signing Officer or Director — Date