

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000005886

1. Entity Name
GOSPEL POWER MINISTRIES INC.



Principal Place of Business
**801 E. ORANGE AVENUE
EUSTIS, FL 32727**

Mailing Address
**P O BOX 840
EUSTIS, FL 32727**



04182007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
SCHRAM, PATRICK
2763 WAVE L BOX 109
LANCASTER, CA 93536**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SCHRAM, CHARLOTTE
801 E. ORANGE AVE.
EUSTIS, FL 32727**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
COOPER, THOMAS
801 E. ORANGE AVE
EUSTIS, FL 32727**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000725195
05/03/07-80012-017 70.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen Speegle
Allen Speegle

Date

Daytime Phone #

4/18/07 352-589-1105