

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001889

1. Entity Name  
GOSPA FLORIDA, INC.



Principal Place of Business

34 WESTMILL LANE  
PALM COAST, FL 32164-7748

Mailing Address

34 WESTMILL LANE  
PALM COAST, FL 32164-7748

FILED  
04 MAR -9 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09/08/03-90309 032 \$61.25

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3652003

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, BARBARA  
34 WESTMILL LANE  
PALM COAST, FL 32164-7748

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEPHENS, BARBARA
STREET ADDRESS	34 WESTMILL LANE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	VCD
NAME	MATHISON, ROBERT
STREET ADDRESS	10905 BRENTFIELD RD NW
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	SC
NAME	MATHISON, CAROL
STREET ADDRESS	10905 BRENTFIELD RD NW
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	TD
NAME	KRUSHER, MARIE A
STREET ADDRESS	70 MAPLE IN THE WOOD
CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	D
NAME	ZIEMBA, SUZANNE
STREET ADDRESS	3042 PRESCOTT FALLS DR
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Barbara Stephens* BARBARA STEPHENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/04

386-445-1564

Daytime Phone #