

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001889

Entity Name: GOSPA FLORIDA, INC.

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

34 WESTMILL LANE
PALM COAST, FL 321647748

New Principal Place of Business:

Current Mailing Address:

34 WESTMILL LANE
PALM COAST, FL 321647748

New Mailing Address:

FEI Number: 59-3652003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, BARBARA
34 WESTMILL LANE
PALM COAST, FL 321647748 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: PD () Delete
Name: STEPHENS, BARBARA
Address: 34 WESTMILL LANE
City-St-Zip: PALM COAST, FL 32164

Title: VCD () Delete
Name: MATHISON, ROBERT
Address: 10905 BRENTFIELD RD NW
City-St-Zip: JACKSONVILLE, FL 32224

Title: SC () Delete
Name: MATHISON, CAROL
Address: 10905 BRENTFIELD RD NW
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD () Delete
Name: KRUSHER, MARIE A
Address: 70 MAPLE IN THE WOOD
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: ZIEMBA, SUZANNE
Address: 3042 PRESCOTT FALLS DR
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCD (X) Change () Addition
Name: MATHISON, ROBERT
Address: 612 COPPER HEAD CIR
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: SC (X) Change () Addition
Name: MATHISON, CAROL
Address: 612 COPPER HEAD CIR
City-St-Zip: ST. AUGUSTINE, FL 32092

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 Chapter 119, 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: BARBARA STEPHENS

DIR

04/03/2006

Electronic Signature of Signing Officer or Director

Date