# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2008**
**Secretary of State**

DOCUMENT# N00000001889

**Entity Name:** GOSPA FLORIDA, INC.

**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: | 612 COPPER HEAD CIR | |
| City-St-Zip: | ST. AUGUSTINE, FL 32092 | |
| Title: | SC | ( ) Delete |
| Name: | MATHISON, CAROL | |
| Address: | 612 COPPER HEAD CIR | |
| City-St-Zip: | ST. AUGUSTINE, FL 32092 | |
| 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: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | MC KAY, LARRY | |
| Address: | 2359 FOXHAVEN DR,W | |
| City-St-Zip: | JACKSONVILLE, FL 32224 | |

I hereby certify that the information supplied with this filing does not qualify 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 PD 01/04/2008

Electronic Signature of Signing Officer or Director — Date