

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003002

FILED
Apr 24, 2006
Secretary of State

Entity Name: MEDIA GOSPEL, INC.

Current Principal Place of Business:

13800 PARK BLVD.
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 277
CLEARWATER, FL 33757

New Mailing Address:

FEI Number: 59-3644884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTSCH, CHARLENE
13800 PARK BLVD - STE 201
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

SCHIEFER, ROMA DR.
13800 PARK BLVD.
SEMINOLE, FL 33776 US

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: ROMA SCHIEFER

04/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LABRADOR, MINERVINO JR
Address: 1944 SEVER DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: VD () Delete
Name: BARTSCH, CHARLENE
Address: 7354 BUCKINGHAM DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: VP (X) Delete
Name: SCHIEFER, ROMA PH.D
Address: 404 GULF BLVD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: SD (X) Delete
Name: LABRADOR, EVELYN
Address: 1944 SEVER DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: TD () Delete
Name: BARTSCH, GARY
Address: 1354 BUCKINGHAM DRIVE
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: LABRADOR, EVELYN
Address: 1944 SEVER DRIVE
City-St-Zip: CLEARWATER, FL 33764

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

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

Title: TD (X) Change () Addition
Name: BARTSCH, GARY
Address: PO BOX 5352
City-St-Zip: LARGO, FL 33779

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: MINERVINO LABRADOR JR.

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date