

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000006750

1. Entity Name
HAITI GOSPEL MINISTRIES, INC.



FILED
Feb 17, 2004 08:00 AM
Secretary of State

Principal Place of Business
200 GLENNES LANE, APT. 203
DUNEDIN, FL 34698

Mailing Address
200 GLENNES LANE, APT. 203
DUNEDIN, FL 34698



02052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3678838 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPEICHER, JAMES A
200 GLENNES LANE, APT. 203
DUNEDIN, FL 34698

**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

U00000054987
02/17/04-80018-017 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SPEICHER, JAMES
STREET ADDRESS 200 GLENNES LANE APT 203
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE VPD
NAME BISHOP, WALLACE
STREET ADDRESS 1522 WHISPERWIND LANE
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE S
NAME HANDOGA, ELAINE
STREET ADDRESS 2912 HILLCREEK CIRCLE S
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE TD
NAME CARROLL, CAROLE
STREET ADDRESS 2078 LOMA LINDA WAY N
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE D
NAME GIBSON, CURTIS
STREET ADDRESS 114 N CITRUS AVENUE
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE D
NAME PETRIE, MARK
STREET ADDRESS 1532 GROVE ST
CITY-ST-ZIP CLEARWATER, FL 33755

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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: Carole Carroll CAROLE CARROLL, Treasurer 2/9/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #