


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90035 029 ****61.25

DOCUMENT # N01000002156	
1. Entity Name GOSPEL EXPRESS MINISTRIES, INC.	

Principal Place of Business 20764 NE PARRISH LAKE RD BLOUNTSTOWN FL 32424	Mailing Address P.O. BOX 225 BLOUNTSTOWN FL 32424
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1332 Woodgate Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Tallahassee, Florida	
City & State		City & State 32308 Leon	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 23-2306606		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DETWEILER, MERRILL 5179 MADDOX RD TALLAHASSEE FL 32303		7. Name and Address of New Registered Agent Name Gingerich, Douglas Street Address (P.O. Box Number is Not Acceptable) 1332 Woodgate Way City Tallahassee FL Zip Code 32308

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DETWEILER, MERRILL 5179 MADDOX RD TALLAHASSEE FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Gingerich, Douglas 1332 Woodgate Way Tallahassee, Florida 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC GINGRICH, DOUG RT 1 BOX 142 BLOUNTSTOWN HWY TALLAHASSEE FL 32424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC Detweiler, Merrill 5179 Maddox Rd. Tallahassee, Florida 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GINGRICH, MARILYN RT 1 BOX 142 BLOUNTSTOWN HWY TALLAHASSEE FL 32424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Gingerich, Marilyn 1332 Woodgate Way Tallahassee, Florida 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOCHSTEDLER, MONROE 9113 BLOUNTSTOWN HWY TALLAHASSEE FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Merrill Detweiler 3-20-08