

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006182

FILED  
Sep 02, 2008  
Secretary of State

**Entity Name:** DAVE THOMPSON GOSPEL MINISTRIES, INC.

**Current Principal Place of Business:**

1309 VALPARAISO BLVD.  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

1309 VALPARAISO BLVD.  
NICEVILLE, FL 32578

**New Mailing Address:**

1104 NE FRANKLIN DR  
LEES SUMMIT, MO 64064 US

**FEI Number:** 03-0482036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

THOMPSON, DAVID L  
1309 VALPARAISO BLVD.  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

THOMPSON, DAVID L  
5739 RYAN RD.  
CRESTVIEW, FL 32539 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: \_\_\_\_\_

09/02/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TBM ( ) Delete  
Name: HUMPHRIES, LEV L  
Address: 1308 RATTAN PALM DR  
City-St-Zip: NICEVILLE, FL 32578

Title: BM ( ) Delete  
Name: THOMPSON, LARRY L  
Address: 2933 W SAGINAW RD  
City-St-Zip: MAYVILLE, MI 48744

Title: BM ( ) Delete  
Name: HILL, JOHN  
Address: 412 CATOOSA LANE  
City-St-Zip: LOUDEN, TN 37774

Title: TBM ( ) Delete  
Name: RICHARDS, MIKE DR.  
Address: 113 BRIAN DR  
City-St-Zip: CRESTVIEW, FL 32536

Title: DP ( ) Delete  
Name: THOMPSON, DAVID  
Address: 1309 VALPARAISO BLVD  
City-St-Zip: NICEVILLE, FL 32578

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

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: DAVE THOMPSON

MR.

09/02/2008

Electronic Signature of Signing Officer or Director

Date