


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000181 1. Entity Name JAMES STROUP AND GOSPEL NOTES, INC.	
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Principal Place of Business 1510 WARMWOOD DRIVE GRAND ISLAND, FL 32735	Mailing Address 1510 WARMWOOD DRIVE GRAND ISLAND, FL 32735
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DO NOT WRITE IN THIS SPACE



01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3753319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STROUP, JAMES E
1510 WARMWOOD DRIVE
GRAND ISLAND, FL 32735**

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STROUP, JAMES 1510 WARMWOOD DRIVE GRAND ISLAND, FL 32735
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARDEN, PAM 1510 WARMWOOD DRIVE GRAND ISLAND, FL 32735
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BLAKE, CHARLOTTE 1510 WARMWOOD DRIVE GRAND ISLAND, FL 32735
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/23/06-80075-024 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of this 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: *James C Stroup* **JAMES STROUP** 2/6/06 (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR DATE Daytime Phone # 771-0157