2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000181

MANTOOTH, KAREN

LADY LAKE, FL 32162

17105 SE 93RD TELIFIER TERR

Name:

Address: City-St-Zip: FILED Jan 11, 2009 Secretary of State

Entity Nai	me: THE GOS	PEL NOTES, INC.				
Current P	rincipal Place	of Business:	New Principal Place of Business:			
	ECA LOOP AGE, FL 32162					
Current Mailing Address:			New Mailing Address:			
	ECA LOOP AGE, FL 32162					
FEI Number:	: 59-3753319	FEI Number Applied For()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	d Address o	of New Registered Agent:	
1468 AZTE	R, WAYNE D ECA LOOP AGE, FL 32162	US				
The above in the State	named entity s of Florida.	ubmits this statement for the	ourpose of changing	its registere	d office or registered agent, or bot	th,
SIGNATU						
	Electroni	c Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITIO	NS/CHANG	ES TO OFFICERS AND DIRECT	ORS:
Title: Name: Address: City-St-Zip:	P () SPECICHER, W 1468 AZTECA L THE VILLAGES,	OOP	Title: Name: Address: City-St-Zip:	P SPEICHER, 1468 AZTEO THE VILLAG		
Title: Name: Address: City-St-Zip:	VD () BROCKMAN, DA 1943 CORDERO LADY LAKE, FL	CIR	Title: Name: Address: City-St-Zip:	VD BOCKMAN, 1943 CORE LADY LAKE	DERO CIR	
Title: Name: Address: City-St-Zip:	ST () WILE, CHRIS 1702 DUFFY LO LADY LAKE, FL		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GLESNE, GLOR 1101 DEL TORC LADY LAKE, FL	D DR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	D ()	Delete	Title:	D	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

FOLKERS, CHUCK

454 LOMA PASEO DRIVE

LADY LAKE, FL 32159

SIGNATURE: WAYNE D. SPEICHER PRES 01/11/2009