


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90249 007 ****61.25

DOCUMENT # N03000005299			
1. Entity Name GIFTS OF DIVINE SPIRIT MINISTRIES, INC.			
Principal Place of Business 1816 MOUND AVENUE PANAMA CITY, FL 32405		Mailing Address 1816 MOUND AVENUE PANAMA CITY, FL 32405	
2. Principal Place of Business 6426 Summer Oak Dr		3. Mailing Address 6426 Summer Oak Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Panama City Beach, FL		City & State Panama City Beach, FL	
Zip 32408	Country Bay	Zip 32408	Country Bay
6. Name and Address of Current Registered Agent TUCKER, CHARLES D 1816 MOUND AVENUE PANAMA CITY, FL 32405		7. Name and Address of New Registered Agent Name: Charles D. Tucker Street Address (P.O. Box Number is Not Acceptable): 6426 Summer Oak Drive City: Panama City Beach FL Zip Code: 32408	
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: Charles D. Tucker		Charles D. Tucker 4/22/05	
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, 2005		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	TUCKER, KAREN W 1816 MOUND AVENUE PANAMA CITY, FL 32405	TITLE PRESIDENT	Tucker, Karen W. 6426 Summer Oak Drive Panama City Beach, FL 32408
TITLE V	WILLIAMS, HAMILTON S 6426 SUMMER OAK DRIVE PANAMA CITY BEACH, FL 32408	TITLE ST	Tucker, Charles D. 6426 Summer Oak Drive Panama City Beach, FL 32408
TITLE ST	TUCKER, CHARLES D 1816 MOUND AVENUE PANAMA CITY, FL 32405	TITLE ST	Tucker, Charles D. 6426 Summer Oak Drive Panama City Beach, FL 32408
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
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: Charles D. Tucker		Charles D. Tucker 4/22/05 (850) 774-0606	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

20044564



04222005 Chg-NP CR2E037 (10/03)

4. FEI Number
57-1172440

Applied For
Not Applicable

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