

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007991

FILED
May 01, 2008
Secretary of State

Entity Name: GOSPEL TRIAN MINISTRIES, INC.

Current Principal Place of Business:

907 SCOTT AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

907 SCOTT AVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-0352844 **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:

Name and Address of New Registered Agent:

SCOTT, LOVETTY
907 SCOTT AVE
SANFORD, FL 32771 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SCOTT, LOVETTY
Address: 907 SCOTT AVE
City-St-Zip: SANFORD, FL 32771

Title: DR () Delete
Name: JACKSON, NATALIE
Address: 2603 PARK DRIVE
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: SCOTT, LEROY
Address: 2497 SIPES AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: BENNETT, MAURICE
Address: 114 MCKAY BLVD,
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: WILSON, LINDA
Address: 665 STARLING AVE
City-St-Zip: DELTONA, FL 32765

Title: D () Delete
Name: ENGLISH, KIMBERLY
Address: 1425 WEST ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32712

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:

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: LOVETTY SCOTT

CEO

05/01/2008

Electronic Signature of Signing Officer or Director

Date