

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008775

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: CONGO GOSPEL MISSION, INC.

## Current Principal Place of Business:

6451 STONEY POINT RD.  
PANAMA CITY, FL 32404

## New Principal Place of Business:

212 DONALD DRIVE  
WINTER GARDEN, FL 34787

## Current Mailing Address:

P.O. BOX 1735  
LYNN HAVEN, FL 32444

## New Mailing Address:

P.O. BOX 514  
OCOE, FL 34761

FEI Number: 77-0612509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLS, FRANK  
6451 STONEY POINT RD.  
PANAMA CITY, FL 32404 US

## Name and Address of New Registered Agent:

WELLS, FRANK  
212 DONALD DRIVE  
WINTER GARDEN, FL 34787 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:

03/06/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WELLS, FRANK  
Address: 6451 STONEY POINT RD.  
City-St-Zip: PANAMA CITY, FL 32404

Title: VD ( ) Delete  
Name: WRIGHT, BELINDA  
Address: 1612 NORTH RIDGE BLVD., APT. 1612  
City-St-Zip: CLERMONT, FL 34711

Title: STD ( ) Delete  
Name: WELLS, JUDY  
Address: 6451 STONEY POINT RD.  
City-St-Zip: PANAMA CITY, FL 32404

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WELLS, FRANK  
Address: 212 DONALD DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD (X) Change ( ) Addition  
Name: WELLS, TONY  
Address: 212 DONALD DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: STD (X) Change ( ) Addition  
Name: WELLS, JUDY  
Address: P.O. BOX 514  
City-St-Zip: OCOEE, FL 34761

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: FRANK WELLS

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date