

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008775

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** CONGO GOSPEL MISSION, INC.

**Current Principal Place of Business:**

212 DONALD DRIVE  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 514  
OCOEE, FL 34761

**New Mailing Address:**

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  
212 DONALD DRIVE  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

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: PD  
Name: WELLS, FRANK  
Address: 212 DONALD DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD  
Name: WELLS, TONY  
Address: 212 DONALD DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

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

I hereby 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 all other like empowered.

SIGNATURE: FRANK WELLS

PD

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date