

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90068 001 \*\*\*\*61.25

**DOCUMENT # N05000005510**

1. Entity Name  
**GOSPEL SONGWRITERS MUSIC WORKSHOP, INC.**



Principal Place of Business  
**5700 LANGLEY CIRCLE  
PENSACOLA, FL 32504**

Mailing Address  
**5700 LANGLEY CIRCLE  
PENSACOLA, FL 32504**



01102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2798921**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**THOMPSON, DEBRA  
5700 LANGLEY CIRCLE  
PENSACOLA, FL 32504**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	THOMPSON, DEBRA
STREET ADDRESS	5700 LANGLEY CIRCLE
CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	S
NAME	THOMPSON, JAMES
STREET ADDRESS	5700 LANGLEY CIRCLE
CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	VP
NAME	ASHUNTI, RAPHAEL
STREET ADDRESS	2001 DR MARTIN LUTHER KING JR DR
CITY - ST - ZIP	PENSACOLA, FL 32503
TITLE	T
NAME	ARMSTRONG, MARY
STREET ADDRESS	1007 W FISHER ST
CITY - ST - ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/22/2008 (850) 476-2941**  
Date Daytime Phone #