

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90044 035 ****61.25

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1. Entity Name

GOSPEL MISSION FOR CHRIST MINISTRIES, INC.



Principal Place of Business

**8267 S INDIAN RIVER DR
FT PIERCE FL 34982**

Mailing Address

**8267 S INDIAN RIVER DR
FT PIERCE FL 34982**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-1166384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINLEY, MARVIN
8267 S INDIAN RIVER DR
FT PIERCE FL 34982**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete
NAME **OREM, SUSAN**
STREET ADDRESS **7512 N 830 EAST**
CITY- ST- ZIP **FOREST IN 46039**

TITLE **VP** ☐ Delete
NAME **OREM, THEODORE W**
STREET ADDRESS **7512 NORTH 830 EAST**
CITY- ST- ZIP **FOREST IN 46039**

TITLE **D** ☐ Delete
NAME **FINLEY, STEPHEN**
STREET ADDRESS **28532 27 MILE RD**
CITY- ST- ZIP **NEW HAVEN MI 48048**

TITLE **D** ☐ Delete
NAME **BEHNKE, WILLIAM**
STREET ADDRESS **7724 ROSS RD**
CITY- ST- ZIP **ALMONT MI 48003**

TITLE **D** ☒ Delete
NAME **FULLER, DAVID**
STREET ADDRESS **225 NORTH MADISON APT 210**
CITY- ST- ZIP **RICHMOND KY 40475**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Change ☐ Addition
NAME **WANDA SUE OREM**
STREET ADDRESS **7512 N 830 EAST**
CITY- ST- ZIP **FOREST INDIANA 46039**

TITLE **D** ☒ Change ☐ Addition
NAME **DAVID FULLER**
STREET ADDRESS **2629 KRAFFT RD.**
CITY- ST- ZIP **PORT HURON MICH 48060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marvin Finley - MARVIN FINLEY 4-7-08 - 810-3050757