

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012029

FILED
Mar 15, 2009
Secretary of State

Entity Name: GOSPEL MISSION FOR CHRIST MINISTRIES, INC.

Current Principal Place of Business:

8267 S INDIAN RIVER DR
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

8267 S INDIAN RIVER DR
FT PIERCE, FL 34982

New Mailing Address:

FEI Number: 86-1166384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINLEY, MARVIN
8267 S INDIAN RIVER DR
FT PIERCE, FL 34982 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: S () Delete
Name: OREM, WANDA SUE
Address: 7512 N. 830 EAST
City-St-Zip: FOREST, IN 46039

Title: D () Delete
Name: FULLER, DAVID
Address: 2629 KRAFFT RD
City-St-Zip: PORT HURON, MI 48060

Title: D () Delete
Name: FINLEY, STEPHEN
Address: 28532 27 MILE RD
City-St-Zip: NEW HAVEN, MI 48048

Title: D () Delete
Name: BEHNKE, WILLIAM
Address: 7724 ROSS RD
City-St-Zip: ALMONT, MI 48003

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: HORTON, DENNIS
Address: 651 NW NORTH MACEDO BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Change (X) Addition
Name: BAKER, CARMELITA
Address: 5805 SE 80TH TRAIL
City-St-Zip: OKEECHOBEE, FL 34974

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: MARVIN FINLEY

P

03/15/2009

Electronic Signature of Signing Officer or Director

Date