2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N08000005813

Entity Name: DST GOSPEL PRODUCTION AND ECONOMIC DEVELOPMENT, CORP.

Current Principal Place of Business:

1386 PORT MALABAR BLVD. NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

1386 PORT MALABAR BLVD. NE
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 01-0911200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, DELLA SCOTT
1386 PORT MALABAR BLVD. NE
PALM BAY, FL 32905 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 ( ) Delete
Name: THOMAS, DELLA SCOTT
Address: 1386 PORT MALABAR BLVD. NE
City-St-Zip: PALM BAY, FL 32905

Title: VD ( ) Delete
Name: STEWART, RONALD REV
Address: 1247 WHITE OAK CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: SD ( ) Delete
Name: MARTIN, MAUREEN
Address: 416 TROTWOOD LN SW
City-St-Zip: PALM BAY, FL 329083341

Title: TD ( ) Delete
Name: BROWN, MARY H
Address: 401 MAYNARD TERR. APT. 102
City-St-Zip: MELBOURNE, FL 32901

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:

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: DELLA SCOTT THOMAS PD 04/21/2009

Electronic Signature of Signing Officer or Director — Date