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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16530 (0)

1. Corporation Name
GOSPEL MESSENGERS OF EDIFYING TRUTH AND SALVATION MINISTRIES, INC.

Principal Place of Business 1102 E LAURA ST PO BOX 227 PLANT CITY FL 33564	Mailing Address 1102 E LAURA ST PO BOX 227 PLANT CITY FL 33564
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**TAYLOR, THEODORE N., ESQ.
111 EAST REYNOLDS STREET
SUITE 4
PLANT CITY FL 33568**

3. Date Incorporated or Qualified 08/27/1986
4. FEI Number 59-2718579
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LANGSTON, EDITH CRUMP	
STREET ADDRESS	1803 E. WARREN ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VD	☐ DELETE
NAME	LANGSTON, JOSEPH	
STREET ADDRESS	1803 EAST WARREN STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TD	☐ DELETE
NAME	GORDON, WILLIE L.	
STREET ADDRESS	4214 E. CLIFTON STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	☐ DELETE
NAME	SMITH, ROSETTA C.	
STREET ADDRESS	610 SHORT STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Rosetta C. Smith* 4/10/98 (813) 974-4000

CR2E037 (10/97)