

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90026 041 *****70.00

DOCUMENT # N16530

1. Entity 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**

34002510



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2718579

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, THEODORE N., ESQ.
111 EAST REYNOLDS STREET
SUITE 4
PLANT CITY FL 33566**

7. Name and Address of New Registered Agent

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, 2004**

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 PD
NAME LANGSTON, EDITH CRUMP ☐ Delete
STREET ADDRESS 1803 E. WARREN ST.
CITY-ST-ZIP PLANT CITY FL

TITLE VD
NAME LANGSTON, JOSEPH ☒ Delete
STREET ADDRESS 1803 EAST WARREN STREET
CITY-ST-ZIP PLANT CITY FL

TITLE TD
NAME SMITH, SHERON K ☐ Delete
STREET ADDRESS 610 SHORT ST.
CITY-ST-ZIP PLANT CITY FL

TITLE SD
NAME SMITH, ROSETTA C. ☐ Delete
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 V/D/S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Bernice Boone
STREET ADDRESS 1803 East Warren Street
CITY-ST-ZIP Plant City, FL 33563

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 exemption stated in Section 119.07(3)(i), 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:

Rosetta C. Smith

Rosetta C. Smith

1/30/04

(813) 752-3397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #