2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N16530

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

Principal Place of Business	Mailing Address
1102 E LAURA ST PO BOX 227 PLANT CITY, FL 33564	1102 E LAURA ST PO BOX 227 PLANT CITY, FL 33564

01192005 No Chg-NP CR2E037 (10/03)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANGSTON, EDITH CRUMP
STREET ADDRESS	1803 E. WARREN ST.
CITY-ST-ZIP	PLANT CITY, FL
TITLE	TD
NAME	SMITH, SHERON K
STREET ADDRESS	610 SHORT ST.
CITY-ST-ZIP	PLANT CITY, FL
TITLE	VDS
NAME	SMITH, ROSETTA C.
STREET ADDRESS	610 SHORT STREET
CITY-ST-ZIP	PLANT CITY, FL
TITLE	D
NAME	BOONE, BERNICE
STREET ADDRESS	1803 EAST WARREN STREET
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80057-006 70.00

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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 1/20/05 (813) 752-3397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #