

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

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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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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01/28/08-80044-002 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 1/22/08 (813) 752-3397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #