2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N16530

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

Current Principal Place of Business:

1102 E LAURA ST
PO BOX 227
PLANT CITY, FL 33564

New Principal Place of Business:

1102 E LAURA ST
PLANT CITY, FL 33564

Current Mailing Address:

1102 E LAURA ST
PO BOX 227
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: 59-2718579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TAYLOR, THEODORE N., ESQ.
111 EAST REYNOLDS STREET
SUITE 4
PLANT CITY, FL 33566 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:	LANGSTON, EDITH CRUM, P	
Address:	1803 E. WARREN ST.	
City-St-Zip:	PLANT CITY, FL	
Title:	TD	( ) Delete
Name:	SMITH, SHERON K	
Address:	610 SHORT ST.	
City-St-Zip:	PLANT CITY, FL	
Title:	VDS	( ) Delete
Name:	SMITH, ROSETTA C.,	
Address:	610 SHORT STREET	
City-St-Zip:	PLANT CITY, FL	
Title:	D	( ) Delete
Name:	BOONE, BERNICE	
Address:	1803 EAST WARREN STREET	
City-St-Zip:	PLANT CITY, FL 33563	

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: ROSETTA C SMITH ADM 01/21/2009

Electronic Signature of Signing Officer or Director — Date