

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # N94000006296 (7)

1. Corporation Name

"GOSPEL FOR SOUTHEAST ASIA MINISTRIES INC."

95 MAY -1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

500 GREATON AVE
DAVIE FL 33325

500 GREATON AVE
DAVIE FL 33325

3. Date Incorporated or Qualified

3a. Date of Last Report

12/23/1994

4. FEI Number

Applied For

65-0549638

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing and
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABRAHAM, M.
500 GREATON AVE
DAVIE FL 33325

81 Name

ABRAHAM, M

82 Street Address (P.O. Box Number is Not Acceptable)

500 GREATON AVE

83

84 City

DAVIE

FL

85 Zip Code

33325

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and filed application

(NOTE: Registered Agent signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION (SEE INSTRUCTIONS) ☐ Change ☐ Addition

TITLE

P

NAME

ABRAHAM M

STREET ADDRESS

500 GREATON AVE

CITY, ST, ZIP

DAVIE FL 33325

TITLE

S/T

NAME

SUSAN ABRAHAM

STREET ADDRESS

500 GREATON AVE

CITY, ST, ZIP

DAVIE FL 33325

TITLE

D

NAME

MATHAI, M

STREET ADDRESS

201 FAIR

CITY, ST, ZIP

ELMHURST IL 60126

TITLE

D

NAME

WESLEY ABRAHAM

STREET ADDRESS

500 GREATON AVE

CITY, ST, ZIP

DAVIE FL 33325

TITLE

D

NAME

JOHN GRAHAM

STREET ADDRESS

10932 BARMEN AVE

CITY, ST, ZIP

CULVERCITY CA 90230

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 (305) 4765877

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Austin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000000281 (3)

1. Corporation Name

VROSS & COMPANY, P.A.

Principal Place of Business

950 S TAMiami TRAIL #204
SARASOTA FL 34236

Mailing Address

950 S TAMiami TRAIL #204
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified

01/03/1994

3a. Date of Last Report

2. Principal Place of Business

21 State Apt #, etc

2a. Mailing Address

26 State Apt #, etc

4. FEI Number

65-0456502

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

VROSS, A GERALD
1741 PEREGRINE POINT DR
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE

D

2. NAME

VROSS, A GERALD
1741 PEREGRINE POINT DR
SARASOTA FL 34231

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95

813 952-0888