

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000006296**

1. Entity Name

"GOSPEL FOR INDIA" INC.

Principal Place of Business

**500 GREATON AVE
DAVIE FL 33325**

Mailing Address

**500 GREATON AVE
DAVIE FL 33325**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0549638**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****ABRAHAM, M
500 GREATON AVE
DAVIE FL 33325****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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE **P** ☐ DeleteNAME **ABRAHAM, M**
STREET ADDRESS **500 GREATON AVE**
CITY-ST-ZIP **DAVIE FL 33325**TITLE **ST** ☐ DeleteNAME **ABRAHAM, SUSAN**
STREET ADDRESS **500 GREATON AVE**
CITY-ST-ZIP **DAVIE FL 33325**TITLE **D** ☐ DeleteNAME **ABRAHAM, WESLEY**
STREET ADDRESS **500 GREATON AVE**
CITY-ST-ZIP **DAVIE FL 33325**TITLE **D** ☐ DeleteNAME **GRAHAM, JOHN**
STREET ADDRESS **504 ONYX CT**
CITY-ST-ZIP **MESQUITE TX 75149**TITLE **D** ☐ DeleteNAME **MATHAI, LUIS**
STREET ADDRESS **1325 TURTLE CREEK DR**
CITY-ST-ZIP **BROWNSVILLE TX 78520**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/2/02 (954) 476-5877

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)