


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007043

1. Entity Name
GOSPEL FLIGHT SOCIETY USA, INC.



Principal Place of Business Mailing Address

4205 57 AVE S APT C **4205 57 AVE S APT C**
LAKE WORTH, FL 33463 **LAKE WORTH, FL 33463**



DO NOT WRITE IN THIS SPACE

03242005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0984440 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NIRKKONEN, TIMO
4205 57 AVE S APT C
LAKE WORTH, FL 33463

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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 \$81.25
Due by May 1, 2005

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

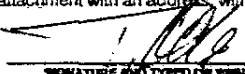
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIRKKONEN, TIMO 4205 57 AVE S APT C LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS NIRKKONEN, HELI 4205 57 AVE S APT C LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARPONEN, KARI 4205 57 AVE S APT C LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KYMALAINEN, EINO 4205 57 AVE S APT C LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURANEN, JORMA 4205 57 AVE S APT C LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/31/05-80056-009 61.25

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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)(f), 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 addressee, with all other like empowered.

SIGNATURE:  3/28-05 561 357 8510

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