2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 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 LAKE WORTH, FL 33463	4205 57 AVE S APT C LAKE WORTH, FL 33463

04022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0984440

☐ Applied For
☐ 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 $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

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

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04/13/07-80003-010 61.25

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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: Heli Nirkkonen Heli Nirkkonen 4/6/07 (561)793-6621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #