

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 15 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044345 (4)

1. Corporation Name

GOSPEL GIFTS CHRISTIAN BOOKSTORE, INC.

Principal Place of Business
3786 TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address
3786 TAMiami TRAIL
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/09/1994

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

STEVENS, KEITH
3786 TAMiami TRAIL
PORT CHARLOTTE FL 33952

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 607.1508, 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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

STEVENS, JAMES

STREET ADDRESS

3786 TAMiami TRAIL

CITY - ST - ZIP

PORT CHARLOTTE FL 33952

TITLE

D

NAME

STEVENS, JOAN

STREET ADDRESS

3786 TAMiami TRAIL

CITY - ST - ZIP

PORT CHARLOTTE FL 33952

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DIRECTOR - V.P. SEC.

SHERYL L. CARE
1610 E. JEFFERSON CT.
STERLING VA. 20164

DIRECTOR - V.P.

KEITH D. STEVENS
1231 TYRONE
PORT CHARLOTTE, FL 33980

DIRECTOR

JAMES C. STEVENS
1615 BROOKMAN DR
HIXSON TN. 37343

DIRECTOR

PAMELA K. MOORE
12 SPENCER CT.
MILLSBORO, DE 19966

DIRECTOR

HOPE A. KOCHLEIN
11504 HARTFORD LN
FISHER IN 46038

DIRECTOR

VICTORIA STEVENS
1231 TYRONE
PORT CHARLOTTE, FL 33980

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 118.07(3)(b), 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James R. Stevens

JAMES R. STEVENS

6/8/95 813-6291290

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Month/Day/Year)