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FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000044345 (4)  
1. Corporation Name

GOSPEL GIFTS CHRISTIAN BOOKSTORE, INC.

Principal Place of Business

Mailing Address

3786 TAMiami TRAIL  
PORT CHARLOTTE FL 33952

3786 TAMiami TRAIL  
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1994

4. FEI Number

65-0510827

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVS  
NAME CARE, SHERYL L  
STREET ADDRESS 1610 E JEFFERSON CT  
CITY - ST - ZIP STERLING VA 20164

TITLE DV  
NAME STEVENS, KEITH D  
STREET ADDRESS 1231 TYRONE  
CITY - ST - ZIP PORT CHARLOTTE FL 33980

TITLE D  
NAME STEVENS, JAMES C  
STREET ADDRESS 356 WINDSOR LN  
CITY - ST - ZIP HIXSON TN

TITLE D  
NAME MOORE, PAMELA K  
STREET ADDRESS 12 SPENCER CT  
CITY - ST - ZIP MILLSBORO DE 19966

TITLE D  
NAME KOEHNLEIN, HOPE A  
STREET ADDRESS 11504 HARTFORD LANE  
CITY - ST - ZIP FISHER IN 46038

TITLE D  
NAME STEVENS, VICTORIA  
STREET ADDRESS 1231 TYRONE  
CITY - ST - ZIP PORT CHARLOTTE FL 33980

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

14. 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 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 2/9/98 941 629-1390

CR2E034 (10/97)