

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90135 048 ***158.75

DOCUMENT # P94000044345

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

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 the current year Intangible
Personal Property Tax.



Yes No

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

DELETE

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

DELETE

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

DELETE

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

DELETE

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

Change

Addition

3180 Atwater Dr
North Port, FL 34286

Change

Addition

Change

Addition

Mahtomedi, MN 55115

Change

Addition

HICKMAN, Pamela K.
743 Merrick Ln
Port Charlotte, FL 33948

Change

Addition

Change

Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

(941) 629-1390

Date

Daytime Phone #

CR2E034 (11/98)