

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044345

1. Entity Name

GOSPEL GIFTS CHRISTIAN BOOKSTORE, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90092 006 ***158.75

Principal Place of Business

3786 TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

3786 TAMiami TRAIL
PORT CHARLOTTE FL 33952-8353

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0510827

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~STEVENS, KEITH
3786 TAMiami TRAIL
PORT CHARLOTTE FL 33952~~

Name Care, Sheryl L.
Street Address (P.O. Box Number is Not Acceptable)
3180 Atwater Drive

City North Port FL Zip Code 34286

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.

SIGNATURE

Sheryl L. Care

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-25-00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DVS
STREET ADDRESS CARE, SHERYL L
CITY-ST-ZIP 3180 ATWATER DR
NORTH POINT FL 34286

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6454 Bells Ferry Rd.
CITY-ST-ZIP Woodstock GA 30189

TITLE ☐ Delete
NAME D
STREET ADDRESS STEVENS, JAMES C
CITY-ST-ZIP 356 WINDSOR LN
MAHTOMEDI MN 55115

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS HICKMAN, PAMELA K
CITY-ST-ZIP 743 MERRICK LN
PORT CHARLOTTE FL 33948

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheryl L. Care

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00 941-629-1390

CR20034 (9/99)