

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90466 008 ***158.75

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1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0510827

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARE, SHERYL L
3180 ATWATER DRIVE
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE DV ☐ Delete
NAME STEVENS, KEITH D
STREET ADDRESS 493 VICTORIA RD
CITY-ST-ZIP WOODSTOCK GA 30189

TITLE D ☐ Delete
NAME STEVENS, JAMES C
STREET ADDRESS 856 WINDSOR LN
CITY-ST-ZIP MAHOMET MI 48115

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

TITLE D ☐ Delete
NAME Matthews, Hope A.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 942 Arbor Avenue
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME D Matthews, Hope A.
STREET ADDRESS 13967 Royal Wood Drive
CITY-ST-ZIP Fishers, IN 46038

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

Sheryl L. Care
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheryl L. Care

2-8-06

941-629-1390

Date

Daytime Phone #