

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000044345			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☒	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS CARE, SHERYL L 3180 ATWATER DR NORTH POINT FL 34286 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000773788 09/11/07-80007-004 158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV STEVENS, KEITH D 493 VICTORIA RD WOODSTOCK GA 30189 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEVENS, JAMES C 942 ARBOR AVENUE MAHTOMEDI MN 55115 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HICKMAN, PAMELA K 743 MERRICK LN PORT CHARLOTTE FL 33948 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTHEWS, HOPE A 13967 ROYAL WOOD DR. FISHERS IN 46038 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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* *Sheryl L. Care* *8-13-07* *941-629-1390*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #