

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000044345

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: GOSPEL GIFTS CHRISTIAN BOOKSTORE, INC.

## Current Principal Place of Business:

3786 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

## Current Mailing Address:

3786 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

## New Mailing Address:

FEI Number: 65-0510827      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete  
Name: CARE, SHERYL L  
Address: 3180 ATWATER DR  
City-St-Zip: NORTH POINT, FL 34286

Title: DV ( ) Delete  
Name: STEVENS, KEITH D  
Address: 493 VICTORIA RD  
City-St-Zip: WOODSTOCK, GA 30189

Title: D ( ) Delete  
Name: STEVENS, JAMES C  
Address: 942 ARBOR AVENUE  
City-St-Zip: MAHTOMEDI, MN 55115

Title: D ( ) Delete  
Name: HICKMAN, PAMELA K  
Address: 743 MERRICK LN  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Delete  
Name: MATTHEWS, HOPE A  
Address: 13967 ROYAL WOOD DR.  
City-St-Zip: FISHERS, IN 46038

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: STEVENS, KEITH D  
Address: 493 VICTORIA RD  
City-St-Zip: WOODSTOCK, GA 30189

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL L CARE

VP

04/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date