

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009531

Entity Name: GOSPEL, INC.**Current Principal Place of Business:**1109 EAST MAIN STREET
LAKELAND, FL 33801**Current Mailing Address:**PO BOX 3278
LAKELAND, FL 33802 US**FEI Number:** 90-0771464**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSE, RACHEL
1109 EAST MAIN STREET
LAKELAND, FL 33801 US*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:** RACHEL ROSE

02/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name MOZHDEHI, CRAIG
Address 3513 MANOR LOOP
City-State-Zip: LAKELAND FL 33810

Title T
Name RUBO, KATHY
Address 507 HUNTER STREET
City-State-Zip: LAKELAND FL 33803

Title P
Name RICHING, GREG
Address 2385 BRANDON ROAD
City-State-Zip: LAKELAND FL 33803

Title C
Name MCBRIDE, SCOTT
Address 1738 CLARENDON PLACE
City-State-Zip: LAKELAND FL 33803

Title EXECUTIVE DIRECTOR
Name STEADMAN, RAY
Address 1111 EAST MAIN STREET, LAKELAND
FL
City-State-Zip: LAKELAND FL 33801

Title V
Name JONES, SHAWN
Address 1435 FAIR HAVEN DR.
City-State-Zip: LAKELAND FL 33803

Title CT
Name FUNKHOUSER, DEB
Address 729 PENNY LANE
City-State-Zip: LAKELAND FL 33813

Title C
Name BODOLAY, BOB
Address 6596 CRESCENT LAKE DRIVE
City-State-Zip: LAKELAND FL 33813

Continues on page 2

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RACHEL ROSE**OFFICE ADMINISTRATOR** 02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title C
Name CLYNE, KYLE
Address 1704 COMANCHE TRAIL
City-State-Zip: LAKELAND FL 33803

Title C
Name COX, CEDRIC
Address 1006 BAYHILL
City-State-Zip: WINTER HAVEN FL 33884

Title OFFICE ADMINISTRATOR
Name ROSE, RACHEL LEIGH
Address 310 PLUM STREET
APT. 1
City-State-Zip: LAKELAND FL 33801

Title C
Name MAIO, TERESA
Address 2937 MISSION LAKES DRIVE
City-State-Zip: LAKELAND FL 33803