

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# N00000006750

Entity Name: HAITI GOSPEL MINISTRIES, INC.

Current Principal Place of Business:

200 GLENNES LANE, APT. 203
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

200 GLENNES LANE, APT. 203
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-3678838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEICHER, JAMES A
200 GLENNES LANE, APT. 203
DUNEDIN, FL 34698 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPEICHER, JAMES
Address: 200 GLENNES LANE APT 203
City-St-Zip: DUNEDIN, FL 34698

Title: VPD () Delete
Name: BISHOP, WALLACE
Address: 1522 WHISPERWIND LANE
City-St-Zip: OLDSMAR, FL 34677

Title: S () Delete
Name: BISHOP, BETTY
Address: 1522 WHISPER WIND LANE
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: CARROLL, CAROLE
Address: 2078 LOMA LINDA WAY N
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: GIBSON, CURTIS
Address: 114 N CITRUS AVENUE
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: PETRIE, MARK
Address: 1532 GROVE ST
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE A CARROLL

TD

02/15/2009

Electronic Signature of Signing Officer or Director

_____ Date