

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006750

**FILED**  
**Jan 17, 2013**  
**Secretary of State**  
**CC9455063066**

**Entity Name:** HAITI GOSPEL MINISTRIES, INC.

**Current Principal Place of Business:**

13498 US HWY 301 SOUTH  
RIVERVIEW, FL 33578

**Current Mailing Address:**

P.O. BOX 2909  
RIVERVIEW, FL 33568

**FEI Number:** 59-3678838

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HOLTON, MICHELLE R  
10317 ASHLEY OAKS DR.  
RIVERVIEW, FL 33578 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SPEICHER, DAVID  
Address 11015 SCOTT LOOP  
City-State-Zip: RIVERVIEW FL 33569

Title VPD  
Name HOLTON, KENNETH  
Address 10317 ASHLEY OAKS DR.  
City-State-Zip: RIVERVIEW FL 33578

Title TD  
Name HOLTON, MICHELLE  
Address 10317 ASHLEY OAKS DR.  
City-State-Zip: RIVERVIEW FL 33578

Title D  
Name SELPH, MARK  
Address 10706 OPUS DR.  
City-State-Zip: RIVERVIEW FL 33579

Title D  
Name HICKS, CHRIS  
Address 419 WINTERSIDE DR.  
City-State-Zip: APOLLO BEACH FL 33572

Title D  
Name HICKS, DAVID  
Address 419 WINTERSIDE DR.  
City-State-Zip: APOLLO BEACH FL 33572

*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: MICHELLE HOLTON**

**TREASURER**

**01/17/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date