

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90125 020 ****61.25

03/21/03

DOCUMENT # N00000006750

1. Entity Name
HAITI GOSPEL MINISTRIES, INC.



Principal Place of Business
**200 GLENNES LANE. APT. 203
DUNEDIN FL 34698**

Mailing Address
**200 GLENNES LANE. APT. 203
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3678838**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **SPEICHER, JAMES**
STREET ADDRESS **200 GLENNES LANE APT 203**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** Delete
NAME **BISHOP, WALLACE**
STREET ADDRESS **1522 WHISPERWIND LANE**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **HANDOGA, ELAINE**
STREET ADDRESS **2912 HILLCREEK CIRCLE S**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **CARROLL, CAROLE**
STREET ADDRESS **2078 LOMA LINDA WAY N**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GIBSON, CURTIS**
STREET ADDRESS **114 N CITRUS AVENUE**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **PETRIE, MARK**
STREET ADDRESS **1532 GROVE ST**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Carole Carroll*

3/18/03 727-442-8945

CR2E037 (10/02)