

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N00000006750

1. Entity Name  
HAITI GOSPEL MINISTRIES, INC.



FILED  
Feb 17, 2004 08:00 AM  
Secretary of State

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

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



02052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3678838 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

U00000054987  
02/17/04-80018-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPEICHER, JAMES 200 GLENNES LANE APT 203 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BISHOP, WALLACE 1522 WHISPERWIND LANE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANDOGA, ELAINE 2912 HILLCREEK CIRCLE S CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARROLL, CAROLE 2078 LOMA LINDA WAY N CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, CURTIS 114 N CITRUS AVENUE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRIE, MARK 1532 GROVE ST CLEARWATER, FL 33755

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 CAROLE CARROLL, Treasurer 2/9/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #