

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2006**  
**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: HANDOGA, ELAINE  
Address: 2912 HILLCREEK CIRCLE S  
City-St-Zip: CLEARWATER, FL 33759

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  
Name:  
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 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

TRES

02/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date