

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002525

**Entity Name:** GOSPEL SYSTEMS, INC.

**Current Principal Place of Business:**

231 NW 27TH PLACE  
CAPE CORAL, FL 33993

**Current Mailing Address:**

P.O. BOX 152521  
CAPE CORAL, FL 33915

**FEI Number:** 46-5148796

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            BRISTER, TIMOTHY  
Address        231 NW 27TH PLACE  
City-State-Zip: CAPE CORAL FL 33993

Title            VP  
Name            GRIMES, JOHNNY  
Address        141 CALIENTE DRIVE  
City-State-Zip: BIRMINGHAM AL 35226

Title            DIRECTOR  
Name            MACALLISTER, BRANNON  
Address        189 KENT STREET, APT 31  
City-State-Zip: BROOKLYN NY 11222

Title            DIRECTOR  
Name            SLEDGE, JODY  
Address        432 COOMBS DRIVE  
City-State-Zip: BOWLING GREEN KY 42101

Title            DIRECTOR  
Name            LECONTE, JOHN  
Address        3039 MIDDLEBROOK RD  
City-State-Zip: GERMANTOWN MD 20874

*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:** TIMOTHY N. BRISTER

**PRESIDENT**

**05/15/2015**

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

\_\_\_\_\_  
Date