FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:55

DOCUMENT # 728532 (3)

1. Corporation Name
GERRISH EVANGELISTIC MINISTRY, INC.

Principal Place of Business	Mailing Address
2006 CIMMARON RUN DRIVE VALRICO FL 33594	2006 CIMMARON RUN DRIVE VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1973
3a. Date of Last Report: 03/10/1994
4. FEI Number: 23-7354096 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GERRISH (HAROLD P.)
2006 CIMMARON RUN DRIVE
VALRICO FL 33594

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☒ Addition
NAME	GERRISH (HAROLD P)	1.2 NAME		
STREET ADDRESS	2006 CIMMARON RUN DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	33594	
TITLE	D	2.1 TITLE		☐ Change ☒ Addition
NAME	GERRISH, HAROLD P., JR.	2.2 NAME		
STREET ADDRESS	101 DEER TRAIL	2.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON, AL 35758	2.4 CITY-ST-ZIP	35758	
TITLE	SD	3.1 TITLE		☐ Change ☒ Addition
NAME	GERRISH (MERRY INA)	3.2 NAME		
STREET ADDRESS	2006 CIMMARON RUN DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	33594	
TITLE	D	4.1 TITLE		☒ Change ☒ Addition
NAME	VAUGHN, MELANIE A	4.2 NAME		
STREET ADDRESS	~~2006 CIMMORON RUN DRIVE~~ 309 Crystal Goblet	4.3 STREET ADDRESS	309 Crystal Goblet	
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	33594	
TITLE	D	5.1 TITLE		☐ Change ☒ Addition
NAME	GERRISH, M. ROBIN	5.2 NAME		
STREET ADDRESS	3450 JONES MILL ROAD, #405	5.3 STREET ADDRESS		
CITY-ST-ZIP	NORCORSS GA	5.4 CITY-ST-ZIP	30092	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold P. Gerrish Harold P. Gerrish 1/20/95 813-661-8853
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT

0083111