


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 734938
 1. Entity Name
 GYLAND EVANGELISTIC MINISTRIES, INC.



Principal Place of Business 3366 ROYAL PALM DR JACKSONVILLE, FL 32250	Mailing Address 3366 ROYAL PALM DR JACKSONVILLE, FL 32250
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06202004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2331243	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARINUCCI, ANTHONY F
 9570 REGENCY SQUARE BLVD
 JACKSONVILLE, FL 32225

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 Anthony F. Marinucci
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 September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GYLAND, STEPHEN P 3366 ROYAL PALM DR JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GYLAND, ROSELLEN C 3366 ROYAL PALM DR JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STRITCH, MARY 574 CARINA LANE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CENAC, CONNIE 9570 REGENCY SQUARE BLVD JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GYLAND, NELS 14567 LAGOON DRIVE JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CENAC, DWIGHT 9570 REGENCY SQUARE BLVD JACKSONVILLE, FL 32225

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 06/28/04-80001-009 61.25

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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: Stephen Paul Gyland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 6/27/04 Daytime Phone # 904-233-1551