


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 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

DO NOT WRITE IN THIS SPACE



03152006 No Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2331243 Applied For
 Not Applicable

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

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

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

Filing Fee is \$61.25
Due by May 1, 2006

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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 04/22/06-80049-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 P. Gyland (STEPHEN P. GYLAND) 3-31-06 (904) 225-1551
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #