


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 734938</b> 1. Entity Name GYLAND EVANGELISTIC MINISTRIES, INC.	
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Principal Place of Business 3366 ROYAL PALM DR JACKSONVILLE, FL 32250	Mailing Address 3366 ROYAL PALM DR JACKSONVILLE, FL 32250
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**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2331243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2007**

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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IN THIS SPACE**

U00000738868  
05/14/07-80002-003 61.25

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:  4/24/07 904-631-8848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #

STEPHEN P. GYLAND, PRESIDENT