


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90020 013 \*\*\*\*61.25

**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**



04092008 · No Chg-NP CR2E037 (4/06)

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

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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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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:  4/18/08 904.631.8848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STEPHEN P. GYLAND, PRES. + DIRECTOR