

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734938

FILED
Apr 27, 2009
Secretary of State

Entity Name: GYLAND EVANGELISTIC MINISTRIES, INC.

Current Principal Place of Business:

3366 ROYAL PALM DR
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

3366 ROYAL PALM DR
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 59-2331243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINUCCI, ANTHONY F
9570 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GYLAND, STEPHEN P
Address: 3366 ROYAL PALM DR
City-St-Zip: JACKSONVILLE, FL 32250

Title: DV () Delete
Name: GYLAND, ROSELLEN C
Address: 3366 ROYAL PALM DR
City-St-Zip: JACKSONVILLE, FL 32250

Title: T () Delete
Name: STRITCH, MARY
Address: 574 CARINA LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: CENAC, CONNIE
Address: 9570 REGENCY SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32250

Title: D () Delete
Name: GYLAND, NELS
Address: 14567 LAGOON DRIVE
City-St-Zip: JACKSONVILLE, FL 32250

Title: D () Delete
Name: CENAC, DWIGHT
Address: 9570 REGENCY SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN P. GYLAND

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date