

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90147 024 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2331243**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 P. Gyland* **REQUIRED** **STEPHEN P. GYLAND** **9570 REGENCY SQUARE BLVD JACKSONVILLE FL 32225**

CR2E037 (10/02)