

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000854

Entity Name: GILLETT MINISTRIES, INC.

FILED
Apr 05, 2004
Secretary of State

Current Principal Place of Business:

6103 121ST AVE.EAST
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

6103 121ST AVE.EAST
PARRISH, FL 34219

New Mailing Address:

FEI Number: 65-1015244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLETT, VELMA
6103 121ST AVE.EAST
PARRISH, FL 34219

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: PTD () Delete
Name: GILLETT, VELMA
Address: 6103 121ST AVE.EAST
City-St-Zip: PARRISH, FL 34219

Title: SD () Delete
Name: GILLETT, BUD
Address: 6103 121ST AVE.EAST
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: MARTIN, DELENA G
Address: 1915 68TH DR. EAST
City-St-Zip: ELLENTON, FL 34222

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VELMA GILLETT

PTD

04/05/2004

Electronic Signature of Signing Officer or Director

Date