

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001234

FILED  
May 19, 2008  
Secretary of State

Entity Name: GREG SQUIRES MINISTRIES, INC.

**Current Principal Place of Business:**

P.O BOX 700639  
SAINT CLOUD, FL 34770

**New Principal Place of Business:**

**Current Mailing Address:**  
P.O BOX 700639  
SAINT CLOUD, FL 34770

**New Mailing Address:**

FEI Number: 59-3693034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**      **Name and Address of New Registered Agent:**

SQUIRES, GREG  
2165 RUNNING HORSE TR  
SAINT CLOUD, FL 34771 US

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: SQUIRES, GREG  
Address: P.O BOX 700639  
City-St-Zip: SAINT CLOUD, FL 34770

Title: SD ( ) Delete  
Name: BANKSON, DOUG  
Address: P.O BOX 700639  
City-St-Zip: SAINT CLOUD, FL 34770

Title: TD ( ) Delete  
Name: GORDON, LARRY  
Address: P.O BOX 700639  
City-St-Zip: SAINT CLOUD, FL 34770

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: BANKSON, DOUG  
Address: 509 SOUTH PARK AVE.  
City-St-Zip: APOPKA, FL 34761

Title: TD (X) Change ( ) Addition  
Name: GORDON, LARRY  
Address: 6000 E. GORDON DR.  
City-St-Zip: SIOUX CITY, IA 51106

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: GREG SQUIRES

PD

05/19/2008

Electronic Signature of Signing Officer or Director

Date