


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006387 1. Entity Name GOSPEL OPEN EYE MINISTRIES, INC.	
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Principal Place of Business 40 SMITH STREET ST. AUGUSTINE, FL 32084	Mailing Address P.O. BOX 1137 ST. AUGUSTINE, FL 32085
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03282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0478709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAKALA, ANDREW DR
1085 WEST 15TH STREET
ST. AUGUSTINE, FL 32084

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	SRD SAKALA, DEDRA P 7125 C.R. 208 ST. AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, ERIC 147 STEWART ST ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, SHARON 147 STEWART ST ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANKS, JOSEPH 7360 C.R. 208 ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANKS, MARSHA 7360 C.R. 208 ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAKALA, ANDREW II 1085 W 15TH ST ST AUGUSTINE, FL 32084

U00000273858
03/29/05-80016-003 70.00

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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:  **3/28/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #