

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006387

FILED
Apr 27, 2006
Secretary of State

Entity Name: GOSPEL OPEN EYE MINISTRIES, INC.

Current Principal Place of Business:

40 SMITH STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1137
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 03-0478709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAKALA, ANDREW DR
1085 WEST 15TH STREET
ST. AUGUSTINE, FL 32084 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: SRD () Delete
Name: SAKALA, DEDRA P
Address: 7125 C.R. 208
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D () Delete
Name: GREENE, ERIC
Address: 147 STEWART ST
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: GREENE, SHARON
Address: 147 STEWART ST
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: SANKS, JOSEPH
Address: 7360 C.R. 208
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D () Delete
Name: SANKS, MARSHA
Address: 7360 C.R. 208
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D () Delete
Name: SAKALA, ANDREW II
Address: 1085 W 15TH ST
City-St-Zip: ST AUGUSTINE, FL 32084

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 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: DR. ANDREW SAKALA

SEER

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date