

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006387

FILED
Apr 29, 2009
Secretary of State

Entity Name: GOSPEL OPEN EYE MINISTRIES, INC.

Current Principal Place of Business:

3605 LEWIS SPEED WAY
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

3605 LEWIS SPEED WAY
ST. AUGUSTINE, FL 32084 US

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 C DR.
87 LINCOLN 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: VICE () Delete
Name: SAKALA, DEDRA P
Address: 87 LINCOLN STREET
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: DIRE () Delete
Name: LYONS, LATONYA J
Address: 1085 W. 15TH
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: SEC. () Delete
Name: MIN. MARSHAL, SANKS
Address: 7360 CR 208
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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

Title: ADMN () Delete
Name: PROCTOR, BARBARA L
Address: 7125 CR 208
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: D () Delete
Name: ANGEL, YVETTE
Address: 7360 CR 208
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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
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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 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 SNR

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date