2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N02000008031

Entity Name: GAP MINISTRIES, INC

Current Principal Place of Business:

% REV. DR. BONITA CALDWELL
719 AURORA
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

% REV. DR. BONITA CALDWELL
719 AURORA
COCOA, FL 32922

New Mailing Address:

FEI Number: 14-1892298 **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:

CALDWELL, BONITA REV.
719 AURORA
COCOA, FL 32922 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: PD ( ) Delete
Name: CALDWELL, BONITA
Address: 719 AURORA AVE
City-St-Zip: COCOA, FL 32922

Title: VTD ( ) Delete
Name: BOYD, NAKIA
Address: 719 AURORA AVE
City-St-Zip: COCOA, FL 32922

Title: SD ( ) Delete
Name: WILLIAMS, NELLIE
Address: 719 AURORA AVE
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CALDWELL, BONITA PASTOR
Address: 719 AURORA AVE
City-St-Zip: COCOA, FL 32922

Title: VTD (X) Change ( ) Addition
Name: BOYD, NAKIA YOUTH P
Address: 719 AURORA AVE
City-St-Zip: COCOA, FL 32922

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: REV.DR. BONITA CALDWELL PCD 05/01/2005

Electronic Signature of Signing Officer or Director — Date