2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2010
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 (X)**
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.DR.
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
Name: CALDWELL, BONITA PASTOR
Address: 719 AURORA AVE
City-St-Zip: COCOA, FL 32922

Title: VTD
Name: BOYD, NAKIA ASS.PAS
Address: 719 AURORA AVE
City-St-Zip: COCOA, FL 32922

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

I hereby 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 all other like empowered.

SIGNATURE: REV.DR.BONITA CALDWELL PD 05/05/2010

Electronic Signature of Signing Officer or Director — Date