

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

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000001699

1. Entity Name  
GARY OATES MINISTRIES, INC.



Principal Place of Business  
3998 TERIDAN WAY  
TALLAHASSEE, FL 32303

Mailing Address  
3998 TERIDAN WAY  
TALLAHASSEE, FL 32303



03212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2318791

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLANAGAN, SCOTT C  
3998 TERIDAN WAY  
TALLAHASSEE, FL 32303

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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

Signature, typed or printed name of registered agent and title if applicable.

(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	D
NAME	OATES, GARY
STREET ADDRESS	451 HOMESTEAD DR
CITY-ST-ZIP	DALLAS, GA 30157
TITLE	D
NAME	FLANAGAN, SCOTT
STREET ADDRESS	3998 TERIDAN WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	MILLER, ANDREW
STREET ADDRESS	439 SHEPHERD ST
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000274342  
03/24/05-80006-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Gary R. Oates GARY R. OATES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-05 770-505-5554

Date

Daytime Phone #