

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 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**



01082007 No Chg-NP CR2E037 (4/06)

**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**

**DO NOT WRITE  
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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000624091  
02/14/07-80018-002 61.25

**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	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**

*2/2/07*

*770-505-5554*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #