## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001699

FILED Mar 13, 2009 Secretary of State

Entity Name: GARY OATES MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 3998 TERIDAN WAY TALLAHASSEE, FL 32303 **Current Mailing Address: New Mailing Address:** 3998 TERIDAN WAY TALLAHASSEE, FL 32303 FEI Number: 56-2318791 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLANAGAN, SCOTT C 3998 TERIDAN WAY TALLAHASSEE, FL 32303 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OATES, GARY Name: Name: Address: 212 BROYHILL RD. Address: City-St-Zip: MORAVIAN FALLS, NC 28654 City-St-Zip: Title: () Delete Title: () Change () Addition FLANAGAN, SCOTT Name: Name: Address: 3998 TERIDAN WAY Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: () Delete Title: () Change () Addition MILLER, ANDREW Name: Name: 439 SHEPHERD ST Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 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: GARY R. OATES PRES 03/13/2009