

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

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90271 029 \*\*\*\*70.00

DOCUMENT # N03000006785					
1. Entity Name GAP COMMUNITY RESOURCES, INC.					
Principal Place of Business 995 STATE RD 434 NORTH 306 ALTAMONTE SPRINGS, FL 32714			Mailing Address 995 STATE RD 434 NORTH 306 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALDEN, GUY DR. 2541 DOVETAIL DRIVE OCOEE, FL 34761				Name <i>Dr. Guy Walden</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>10845 Bayshore Drive</i>	
				City <i>Windermere FL</i>	
				Zip Code <i>34786</i>	
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 <i>Dr. Guy Walden</i> <i>Dr. Guy Walden, President</i> <i>3/4/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	Delete <input type="checkbox"/>		TITLE	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDEN, GUY DR.			NAME	<i>Dr. Guy Walden</i> <input checked="" type="checkbox"/> of Address
STREET ADDRESS	2541 DOVETAIL DRIVE			STREET ADDRESS	<i>10845 Bayshore Drive</i>
CITY-ST-ZIP	OCOEE, FL 34761			CITY-ST-ZIP	<i>Windermere FL 34786</i>
TITLE	D	Delete <input type="checkbox"/>		TITLE	<i>Director, Vice President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDEN, TERRI			NAME	<i>TERRI WALDEN</i> <input checked="" type="checkbox"/> of Address
STREET ADDRESS	2541 DOVETAIL DRIVE			STREET ADDRESS	<i>10845 Bayshore Drive</i>
CITY-ST-ZIP	OCOEE, FL 34761			CITY-ST-ZIP	<i>Windermere FL 34786</i>
TITLE		Delete <input type="checkbox"/>		TITLE	<i>Director, Secretary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	<i>ARTHUR RAY GIBBS</i>
STREET ADDRESS				STREET ADDRESS	<i>903 Oakwood Cove</i>
CITY-ST-ZIP				CITY-ST-ZIP	<i>Altamonte Springs FL 32714</i>
TITLE		Delete <input type="checkbox"/>		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Dr. Guy Walden</i> <i>Dr. Guy Walden</i> <i>3/4/05</i> <i>407 682 4427</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



03042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
41-2104287 Applied For  
Not Applicable

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