

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006785

FILED
Aug 04, 2008
Secretary of State

Entity Name: GAP COMMUNITY RESOURCES, INC.

Current Principal Place of Business:

995 STATE RD 434 NORTH
306
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

390 S. GERONIMO STREET
SUITE #104
MIRAMAR BEACH, FL 32550

Current Mailing Address:

995 STATE RD 434 NORTH
306
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

390 S. GERONIMO STREET
SUITE #104
MIRAMAR BEACH, FL 32550

FEI Number: 41-2104287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

WALDEN, GUY DR.
110 LANMAN ROAD
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

WALDEN, GUY DR.
3695 SCENIC HWY 98
#703
DESTIN, FL 32541 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: DR. GUY WALDEN

08/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALDEN, GUY DR
Address: 110 LANMAN ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: VP () Delete
Name: WALDEN, TERRI
Address: 110 LANMAN ROAD
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALDEN, GUY DR
Address: 3695 SCENIC HWY 98, UNIT #703
City-St-Zip: DESTIN, FL 32541

Title: VP (X) Change () Addition
Name: WALDEN, TERRI
Address: 3695 SCENIC HWY 98, UNIT #703
City-St-Zip: DESTIN, FL 32541

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: DR. GUY WALDEN

PRES

08/04/2008

Electronic Signature of Signing Officer or Director

Date