2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000197

FILED May 01, 2005 Secretary of State

Entity Nar	me: G-SY MINISTRIES, INC.			
Current Principal Place of Business:		New Prince	cipal Place of Business:	
	AGE GREEN ROAD), FL 32818 US			
Current Mailing Address:		New Mail	New Mailing Address:	
	AGE GREEN ROAD D, FL 32818 US			
	20-0562849 FEI Number Appl ce with s. 607.193(2)(b), F.S., the cor	poration did not receive the prior notic	e.	
Name and	Address of Current Register	ed Agent: Name and	Address of New Registered Agent:	
8028 VILLA	CHARLES N JR. AGE GREEN ROAD), FL 32818 US			
	named entity submits this state e of Florida.	ment for the purpose of changing	its registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of R	egistered Agent	Date	
OFFICERS	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () Delete HOLIDAY, CHARLES N JR. 8028 VILLAGE GREEN ROAD ORLANDO, FL 32818 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete HOLIDAY, TAMMY C 8028 VILLAGE GREEN ROAD ORLANDO, FL 32818 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () Delete KIMBROUGH, MICHAEL 7404 WOODHILL PARK DRIVE APT ORLANDO, FL 32818	Title: Name: r. 1320 Address: City-St-Zip:	DIR (X) Change () Addition CARTER, VINCE P.O. BOX 580045 ORLANDO, FL 32858	
Title: Name: Address: City-St-Zip:	DIR () Delete JOHNSON, GWEN 4937 POLARIS STREET ORLANDO, FL 32819 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DIR () Delete SLOAN, GEORGE	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: CHARLES N. HOLIDAY **PRES** 05/01/2005

7116 HARBOR HEIGHTS DRIVE

ORLANDO, FL 32835 US

Address: City-St-Zip: