

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04184** (0)

1. Corporation Name

GANN BROTHERS MINISTRIES, INC.



Principal Place of Business C/O PHIL GANN 3605 MCCALL ROAD PANAMA CITY FL 32404	Mailing Address C/O PHIL GANN 3605 MCCALL ROAD PANAMA CITY FL 32404-9778
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/16/1984	3a. Date of Last Report 06/24/1996
4. FEI Number 59-2491470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GANN, PHIL 324 E BEACH DR #502 PANAMA CITY FL 32401	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE 3605 McCall Rd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GANN, PHIL		1.2 NAME	
STREET ADDRESS 2401 E. 40TH PLACE		1.3 STREET ADDRESS Panama City FL	
CITY-ST-ZIP PANAMA CITY FL		1.4 CITY-ST-ZIP	
TITLE VST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GANN, CALVIN		2.2 NAME	
STREET ADDRESS 3605 MCCALL ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GANN, CALVIN		3.2 NAME	
STREET ADDRESS 3605 MCCALL ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GANN, GARY		4.2 NAME	
STREET ADDRESS 7409 LUSCOMBE COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (9/96)