

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04184

1. Entity Name

GANN BROTHERS MINISTRIES, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90044 031 ****61.25

Principal Place of Business

Mailing Address

C/O PHIL GANN
3605 MCCALL ROAD
PANAMA CITY FL 32404

C/O PHIL GANN
3605 MCCALL ROAD
PANAMA CITY FL 32404-9778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2491470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GANN, PHIL
324 E BEACH DR #502
PANAMA CITY FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GANN, PHIL	
STREET ADDRESS	3605 MCCALL RD.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	GANN, CALVIN	
STREET ADDRESS	3605 MCCALL ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANN, CALVIN	
STREET ADDRESS	3605 MCCALL ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GANN, GARY	
STREET ADDRESS	7409 LUSCOMBE COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Roberts	
STREET ADDRESS	3605 McCall Rd	
CITY-ST-ZIP	Panama City FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(850)
913-3520

Daytime Phone #

CR2E037 (9/99)