

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04184

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: GANN BROTHERS MINISTRIES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2491470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GANN, PHIL  
3605 MCCALL RD  
PANAMA CITY, FL 32404 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: PHIL GANN

04/28/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GANN, PHIL,  
Address: 3605 MCCALL RD.  
City-St-Zip: PANAMA CITY, FL

Title: VST ( ) Delete  
Name: GANN, CALVIN,  
Address: 3605 MCCALL ROAD  
City-St-Zip: PANAMA CITY, FL

Title: D ( ) Delete  
Name: GANN, CALVIN,  
Address: 3605 MCCALL ROAD  
City-St-Zip: PANAMA CITY, FL

Title: VD ( ) Delete  
Name: ROBERTS, GEORGE  
Address: 3605 MCCALL RD  
City-St-Zip: PANAMA CITY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VST (X) Change ( ) Addition  
Name: GANN, CALVIN,  
Address: 3605 MCCALL ROAD  
City-St-Zip: PANAMA CITY, FL 32404

Title: D (X) Change ( ) Addition  
Name: GANN, CALVIN,  
Address: 3605 MCCALL ROAD  
City-St-Zip: PANAMA CITY, FL 32404

Title: VD (X) Change ( ) Addition  
Name: ROBERTS, GEORGE  
Address: 3605 MCCALL RD  
City-St-Zip: PANAMA CITY, FL 32404

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.

SIGNATURE: PHIL GANN

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date