

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04184

FILED
May 20, 2008
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 ()**
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:

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: _____

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 32404

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CALVIN GANN

D

05/20/2008

Electronic Signature of Signing Officer or Director

Date