2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# N05000000049

Entity Name: GIBSON MINISTRIES, INC.

Current Principal Place of Business:

575 AZALEA BLOOM DR.
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

575 AZALEA BLOOM DR.
APOPKA, FL 32712

New Mailing Address:

FEI Number: 20-2100065 **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:

FABIO, DEBRA
575 AZALEA BLOOM DR.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

GIBSON, VERA
575 AZALEA BLOOM DR.
APOPKA, FL 32712 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: VERA GIBSON 04/03/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GIBSON, WALTER
Address: 575 AZALEA BLOOM DR.
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete
Name: GIBSON, VERA
Address: 575 AZALEA BLOOM DR.
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete
Name: LINDER, ANN
Address: 1843 PAIGE LEIGH CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete
Name: MARTIN, ALEX
Address: 18 ELM STREET
City-St-Zip: FREEPORT, NY 11520

Title: D ( ) Delete
Name: BOND, TURNER
Address: 1158 BAILEY RD
City-St-Zip: WILLIAMSTON, NC 27892

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: RODNEY, JONES
Address: 7827 LAUREL OAK LANE
City-St-Zip: KISSIMMEE, FL 34747

Title: SD (X) Change ( ) Addition
Name: ANN, LINDA
Address: 294 BABYLON TURNPIKE
City-St-Zip: ROOSEVELT, NY 11575

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER GIBSON PD 04/03/2007
Electronic Signature of Signing Officer or Director Date