

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006117

FILED
Apr 24, 2006
Secretary of State

Entity Name: G.A.P.P. MINISTRIES, INC.

Current Principal Place of Business:

4200 SW 89TH AVE
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

PO BOX 6065
OCALA, FL 34478

New Mailing Address:

FEI Number: 20-2895445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHYTE, RAYMOND A
4200 SW 89TH AVENUE
OCALA, FL 34481 US

Name and Address of New Registered Agent:

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: WHYTE, RAYMOND A
Address: 4200 SW 89TH AVENUE
City-St-Zip: OCALA, FL 34481

Title: STD () Delete
Name: WHYTE, GLENDA D
Address: 4200 SW 89TH AVENUE
City-St-Zip: OCALA, FL 34481

Title: D (X) Delete
Name: ROBINSON, CHARLENE
Address: 10836 SE 44TH TERRACE
City-St-Zip: BELLVIEW, FL 34420

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:

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: GLENDA WHYTE

MS

04/24/2006

Electronic Signature of Signing Officer or Director

Date