

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006117

FILED  
Mar 26, 2008  
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:**

3001 SW 24TH AVENUE  
1116  
OCALA, FL 34474

**Current Mailing Address:**

PO BOX 6065  
OCALA, FL 34478

**New Mailing Address:**

PO BOX 5847  
OCALA, FL 34478

FEI Number: 20-2895445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRAY-WHYTE, GLENDA D  
4200 SW 89TH AVENUE  
OCALA, FL 34481 US

**Name and Address of New Registered Agent:**

PRAY-WHYTE, GLENDA D  
3001 SW 24TH AVENUE  
1116  
OCALA, FL 34474 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:

03/26/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: STD ( ) Delete  
Name: OATS, LINDA J  
Address: 4200 SW 89TH AVENUE  
City-St-Zip: OCALA, FL 34481

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PRAY-WHYTE, GLENDA D  
Address: 3001 SW 24TH AVENUE - 1116  
City-St-Zip: OCALA, FL 34474

Title: STD (X) Change ( ) Addition  
Name: OATS, LINDA J  
Address: 3001 SW 24TH AVENUE - 1116  
City-St-Zip: OCALA, FL 34474

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: GLENDA PRAY-WHYTE

PD

03/26/2008

Electronic Signature of Signing Officer or Director

Date