2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012644

Entity Name: GATEWAY APOSTOLIC MINISTRIES, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O BILL DICKERSON 50 IRWIN ST WEST

2174A S RIDGEWOOD AVE SAFETY HARBOR, FL 34695 SOUTH DAYTONA, FL 32119

Current Mailing Address: New Mailing Address:

C/O ALDEN LYNN SNYDER
2174 S RIDGEWOOD AVE SUITE A
SOUTH DAYTONA, FL 32119

C/O LYNN SNYDER
5886 WOODPOINT TER
PORT ORANGE, FL 32128

FEI Number: 20-8064054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SNYDER, ALDEN L EA
2174 S RIDGEWOOD AVE SUITE A
5886 WOODPOINT TER
50171 PAYTONA EL 22110 LIS

SOUTH DAYTONA, FL 32119 US PORT ORANGE, FL 32128 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: 04/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 DICKERSON, WILLIAM D REV
 Name:
 DICKERSON, WILLIAM D REV

 Address:
 2174A S RIDGEWOOD AVE
 Address:
 50 IRWIN ST WEST

City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete Title: () Change () Addition

Name:PELLETIER, JAMES REVName:Address:1170 S PALMETTO AVEAddress:City-St-Zip:DAYTONA BEACH, FL 32114City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: BOULDEN, JENNIFER Name: BOULDEN, JENNIFER
Address: 1408 QUEENSBURY AVE Address: 50 IRWIN ST WEST

City-St-Zip: VALRICO, FL 33594 City-St-Zip: SAFETY HARBOR, FL 34695

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: WILLIAM DICKERSON PD 04/21/2009