2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004687

Title:

Name:

Address:

City-St-Zip:

MAL CATEVEEDED MINUSTRIES IN

FILED Mar 19, 2009 Secretary of State

Entity Nar	ne: GATEKE	EPER MINISTRIES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	METER PARK VILLE, FL 322				
Current Mailing Address:			New Mailing Address:		
	METER PARK VILLE, FL 322				
FEI Number:	26-0162740	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
8750 PERI	NICHOLAS T METER PARK VILLE, FL 322				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TP () SIMONIC, NICH 9950 CHELSEA JACKSONVILL	A LAKE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILBUR, PAUL	D CLUB DRIVE E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () BRYANT, WES 2878 AMELIA E JACKSONVILL	BLUFF DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () SIMONIC, SEA 13657 CANOE JACKSONVILLI	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NICHOLAS T SIMONIC TP 03/19/2009

() Delete

8650 HUNTERS CREEK DRIVE S

JACKSONVILLE, FL 33256

MOUSA, SANDRA L

() Change () Addition