

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 25, 2008  
Secretary of State**

DOCUMENT# N07000007529

Entity Name: G M S MINISTRIES INC.

**Current Principal Place of Business:**

74 PITTMAN DRIVE  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

74 PITTMAN DRIVE  
PALM COAST, FL 32164

**New Mailing Address:**

FEI Number: 32-0259290      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:**

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

SLOAN, GEORGE  
74 PITTMAN DRIVE  
PALM COAST, FL 32164      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: PP      ( ) Delete  
Name: SLOAN, GEORGE  
Address: 74 PITTMAN DRIVE  
City-St-Zip: PALM COAST, FL 32164

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

Title: VPT      ( ) Delete  
Name: SLOAN, WANDA  
Address: 74 PITTMAN DRIVE  
City-St-Zip: PALM COAST, FL 32164

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

Title: D      ( ) Delete  
Name: HARDY, JASON  
Address: 74 PITTMAN DRIVE  
City-St-Zip: PALM COAST, FL 32164

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

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: WANDA SLOAN

VPT

08/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date