

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001348

FILED
Apr 08, 2009
Secretary of State

Entity Name: GABRIEL LEWIS MINISTRIES, INC.

Current Principal Place of Business:

5336 WATERVISTA DRIVE
ORLANDO, FL 32821

New Principal Place of Business:

10133 BLUFF CT.
ORLANDO, FL 32821

Current Mailing Address:

5336 WATERVISTA DRIVE
ORLANDO, FL 32821

New Mailing Address:

10133 BLUFF CT.
ORLANDO, FL 32821

FEI Number: 33-1203908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, WANDA
5336 WATERVISTA DRIVE
ORLANDO, FL 32821 US

Name and Address of New Registered Agent:

LEWIS, WANDA
10133 BLUFF CT.
ORLANDO, FL 32821 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:

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEWIS, GABRIEL
Address: 5336 WATERVISTA DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: DV () Delete
Name: LEWIS, WANDA
Address: 5336 WATERVISTA DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: DST () Delete
Name: WILLIAMS, ADRIENNE
Address: 1895 LONG POND DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEWIS, GABRIEL
Address: 10133 BLUFF CT
City-St-Zip: ORLANDO, FL 32821

Title: DV (X) Change () Addition
Name: LEWIS, WANDA M
Address: 10133 BLUFF CT
City-St-Zip: ORLANDO, FL 32821

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

Title: D () Change (X) Addition
Name: TURNER, TERENCE
Address: 8112 CLOVERDALE
City-St-Zip: FERNDAL, MI 48220

Title: D () Change (X) Addition
Name: COLLINS, LANICE
Address: 23071 PARKLAWN
City-St-Zip: OAK PARK, MI 48237

Title: D () Change (X) Addition
Name: CAMPBELL, TASHA
Address: 1948 OLIVIA CIRCLE
City-St-Zip: APOPKA, FL 32703

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 M LEWIS

DV

04/08/2009

Electronic Signature of Signing Officer or Director

Date