

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001348

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** GABRIEL LEWIS MINISTRIES, INC.

**Current Principal Place of Business:**

10133 BLUFF CT.  
ORLANDO, FL 32821

**New Principal Place of Business:**

**Current Mailing Address:**

10133 BLUFF CT.  
ORLANDO, FL 32821

**New Mailing Address:**

**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  
10133 BLUFF CT.  
ORLANDO, FL 32821 US

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

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:**

**Title:** DP  
**Name:** LEWIS, GABRIEL  
**Address:** 10133 BLUFF CT  
**City-St-Zip:** ORLANDO, FL 32821

**Title:** DV  
**Name:** LEWIS, WANDA M  
**Address:** 10133 BLUFF CT  
**City-St-Zip:** ORLANDO, FL 32821

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

**Title:** D  
**Name:** TURNER, TERENCE  
**Address:** 8112 CLOVERDALE  
**City-St-Zip:** FERNDAL, MI 48220

**Title:** D  
**Name:** COLLINS, LANICE  
**Address:** 23071 PARKLAWN  
**City-St-Zip:** OAK PARK, MI 48237

**Title:** D  
**Name:** CAMPBELL, TARSHA  
**Address:** 1948 OLIVIA CIRCLE  
**City-St-Zip:** APOPKA, FL 32703

I hereby 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 all other like empowered.

**SIGNATURE:** GABRIEL LEWIS

DP

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date