

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005178

FILED  
Apr 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2 JULIP LANE  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 158  
BUNNELL, FL 32110

**New Mailing Address:**

**FEI Number:** 59-3225222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEYMANS, GABRIEL J  
4295 AUDUBON OAKS CIRCLE #108  
LAKELAND, FL 33809 US

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

HEYMANS, GABRIEL J  
2 JULIP LANE  
FLAGLER BEACH, FL 32136 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:

04/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HEYMANS, GABRIEL  
Address: 4295 AUDUBON CIRCLE #108  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: HEYMANS, ANITA  
Address: 4295 AUDUBON CIRCLE #108  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: WHITMORE, TIMOTHY  
Address: 7204 W 27TH ST SUITE 10  
City-St-Zip: ST. LOUIS PARK, MN 55426

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

Title: D (X) Change ( ) Addition  
Name: HEYMANS, GABRIEL  
Address: 2 JULIP LANE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D (X) Change ( ) Addition  
Name: HEYMANS, ANITA  
Address: 2 JULIP LANE  
City-St-Zip: FLAGLER BEACH, FL 32136

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: GABRIEL J HEYMANS

PRES

04/19/2009

Electronic Signature of Signing Officer or Director

Date