

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011493

FILED
Jun 23, 2009
Secretary of State

Entity Name: GAP OUTREACH, INC

Current Principal Place of Business:

10363 SAMPLE RD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

10363 SAMPLE RD
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

MCLYMONT, KENNETH
5927 NW 52 ST
CORAL SPRINGS, FL 33067 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:

Title: P () Delete
Name: MCLYMONT, KENNETH
Address: 5927 NW 52 ST
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP () Delete
Name: YOUSEFI, DIANE
Address: 1515 UNIVERSITY DR # 106
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S () Delete
Name: CROTO, REGINA L
Address: 7571 NW 21 CT
City-St-Zip: SUNRISE, FL 33313

Title: T () Delete
Name: SPENCE, MALCOM
Address: 5013 IBIS PL
City-St-Zip: COCONUT CREEK, FL 33079

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: K MCLYMONT

P

06/23/2009

Electronic Signature of Signing Officer or Director

Date