


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N34227</b>	
<b>1. Entity Name</b> GABBARD MINISTRIES, INC.	

<b>Principal Place of Business</b> 555 NW 47TH CT FORT LAUDERDALE, FL 33309 US	<b>Mailing Address</b> 555 NW 47TH CT FORT LAUDERDALE, FL 33309 US
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02232008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0146224	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  GABBARD, ROY N 555 N W 47 TH COURT FORT LAUDERDALE, FL 33309
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IN THIS SPACE**

**8.** 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP GABBARD, ROY N. 555 NW 47TH CT FT. LAUDERDALE, FL 33309
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVS GABBARD, NIRMA R. 555 NW 47TH CT FT. LAUDERDALE, FL 33309
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T GABBARD, NIRMA R. 555 NW 47TH CT FT. LAUDERDALE, FL 33309
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D ARMOLD, TRACEY 3550 NE 13 AVE. OAKLAND PARK, FL 33334
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SUTCAVAGE, GEORGE 1109 REPUBLIC CT. DEERFIELD BEACH, FL 33442
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JACQUELINE 1537 43RD STREET WEST PALM BEACH, FL 33407

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03/24/06-80013-012 61.25

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Roy N. Gabbard Roy N. Gabbard 3-12-06 954-772-3703  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #