

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N34227 1. Entity Name GABBARD MINISTRIES, INC.	
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Principal Place of Business 555 NW 47TH CT FORT LAUDERDALE, FL 33309 US	Mailing Address 555 NW 47TH CT FORT LAUDERDALE, FL 33309 US
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**GABBARD, ROY N
555 N W 47 TH COURT
FORT LAUDERDALE, FL 33309**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GABBARD, ROY N. 555 NW 47TH CT FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GABBARD, NIRMA R. 555 NW 47TH CT FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GABBARD, NIRMA R. 555 NW 47TH CT FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMOLD, TRACEY 3560 NE 13 AVE. OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTCAVAGE, GEORGE 1109 REPUBLIC CT. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JACQUELINE 1537 43RD STREET WEST PALM BEACH, FL 33407

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02/21/08-80062-014 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** 2-9-08 954-444-5221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #