2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N34227

Entity Name: GABBARD MINISTRIES, INC.

Current Principal Place of Business:

555 NW 47TH CT
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

555 NW 47TH CT
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0146224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GABBARD, ROY N
555 N W 47 TH COURT
FORT LAUDERDALE, FL 33309 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	( ) Delete
Name:	GABBARD, ROY N.	
Address:	555 NW 47TH CT	
City-St-Zip:	FT. LAUDERDALE, FL 33309	
Title:	DVS	( ) Delete
Name:	GABBARD, NIRMA R.	
Address:	555 NW 47TH CT	
City-St-Zip:	FT. LAUDERDALE, FL 33309	
Title:	T	( ) Delete
Name:	GABBARD, NIRMA R.	
Address:	555 NW 47TH CT	
City-St-Zip:	FT. LAUDERDALE, FL 33309	
Title:	D	( ) Delete
Name:	ARMOLD, TRACEY	
Address:	3560 NE 13 AVE.	
City-St-Zip:	OAKLAND PARK, FL 33334	
Title:	D	( ) Delete
Name:	SUTCAVAGE, GEORGE	
Address:	1109 REPUBLIC CT.	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	D	( ) Delete
Name:	BELL, JACQUELINE	
Address:	1537 43RD STREET	
City-St-Zip:	WEST PALM BEACH, FL 33407	

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:	
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: ROY N. GABBARD DP 03/31/2009

Electronic Signature of Signing Officer or Director — Date