

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34227

FILED
Apr 02, 2010
Secretary of State

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
Name: GABBARD, ROY N.
Address: 555 NW 47TH CT
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: DVS
Name: GABBARD, NIRMA R.
Address: 555 NW 47TH CT
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: T
Name: GABBARD, NIRMA R.
Address: 555 NW 47TH CT
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D
Name: ARMOLD, TRACEY
Address: 3560 NE 13 AVE.
City-St-Zip: OAKLAND PARK, FL 33334

Title: D
Name: SUTCAVAGE, GEORGE
Address: 1109 REPUBLIC CT.
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D
Name: BELL, JACQUELINE
Address: 1537 43RD STREET
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby 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 all other like empowered.

SIGNATURE: ROY N. GABBARD

DP

04/02/2010

Electronic Signature of Signing Officer or Director

Date