2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004
Secretary of State

DOCUMENT# N35244

Entity Name: GIG MINISTRIES, INCORPORATED

Current Principal Place of Business:

C/O ERIN UNRUH
8003 ATLAS STREET
PENSACOLA, FL 32506 US

New Principal Place of Business:

Current Mailing Address:

C/O ERIN UNRUH
8003 ATLAS STREET
PENSACOLA, FL 32506 US

New Mailing Address:

FEI Number: 59-2985013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNRUH, ERIN
8003 ATLAS STREET
PENSACOLA, FL 32506

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: P ( ) Delete
Name: PETERS, TOBI
Address: 4118 ERIKA COURT
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: WOLFE, THEODORE (MR&, MRS)
Address: 8003 ATLAS ST.
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete
Name: UNRUH, RODNEY (MR&MR, S)
Address: 8003 ATLAS ST
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete
Name: PETERS, WILLIAM
Address: 4118 ERIKA COURT
City-St-Zip: PENSACOLA, FL 32526

Title: D (X) Delete
Name: DICKERSON, BAILEY M
Address: 6226 FOREST PINES DR
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PETERS, TOBI
Address: 417 PARALLEL DRIVE
City-St-Zip: HARRISBURG, NC 28075

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

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

Title: D (X) Change ( ) Addition
Name: PETERS, WILLIAM
Address: 417 PARALLEL DRIVE
City-St-Zip: HARRISBURG, NC 28075

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TOBI PETERS P 02/12/2004

Electronic Signature of Signing Officer or Director — Date