

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90045 018 \*\*\*\*61.25

DOCUMENT # N97000006720

1. Entity Name

GEMMA SAMUEL MINISTRIES INC.



Principal Place of Business

Mailing Address

810 W. RESIDENCE AVE.  
ALBANY GA 31701

PO BOX 5173  
ALBANY GA 31706



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

*P.O. Box 5173*  
*810 W Residence Ave*

*P.O. Box 5173*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

*Albany GA*

*Albany GA*

*31701*

*31706*

*Douglas*

*Douglas*

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0797771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMUEL, GEMMA G  
810 W. RESIDENCE AVENUE  
ALBANY FL 31701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SAMUEL, GEMMA G  
STREET ADDRESS 810 W. RESIDENCE AVE.  
CITY- ST- ZIP ALBANY GA 31701

TITLE VD ☐ Delete  
NAME BARBER, RUDOLPH  
STREET ADDRESS 1411 NW 175TH STREET  
CITY- ST- ZIP MIAMI FL 33169

TITLE SD ☐ Delete  
NAME SAMUEL, GEMMA G  
STREET ADDRESS 810 W. RESIDENCE AVE.  
CITY- ST- ZIP ALBANY GA 31701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Gemma G Samuel*

*4-22-2007*