

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005882

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** BOBBY GILBERT, SR. MINISTRIES, INC.

**Current Principal Place of Business:**

7047 GALLEON COVE CIRCLE  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

7047 GALLEON COVE CIRCLE  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:** 65-0744558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILBERT, BOBBY SR  
7047 GALLEON COVE CIRCLE  
PALM BEACH GARDENS, FL 33418 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: PD ( ) Delete  
Name: GILBERT, BOBBY SR  
Address: 7047 GALLEON COVE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD ( ) Delete  
Name: ROSS, TIFFANY  
Address: 7032 GALLEON COVE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TD ( ) Delete  
Name: GILBERT, ANNETTE M  
Address: 7047 GALLEON COVE CIRCLE  
City-St-Zip: PALM BEACH, FL 33418

**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:

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: BOBBY GILBERT SR.

PD

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date