

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11384

FILED
Apr 29, 2008
Secretary of State

Entity Name: GYA, INC.

Current Principal Place of Business:

C/O JANE ESHLEMAN
270 LAFAYETTE STREET
MANDEVILLE, LA 70448 US

New Principal Place of Business:

Current Mailing Address:

C/O JANE ESHLEMAN
270 LAFAYETTE STREET
MANDEVILLE, LA 70448 US

New Mailing Address:

FEI Number: 59-2129669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, CALVIN III
412-A COBRA AVENUE
FORT WALTON BEACH, FL 32548 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: D () Delete
Name: JONES, CALVIN III
Address: 412-A COBRA AVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: P () Delete
Name: BATTY, THOMAS
Address: 5171 EAGLE POINT DR
City-St-Zip: GRAND BAY, AL 36541

Title: S () Delete
Name: ESHLEMAN, JANE
Address: 270 LAFAYETTE ST.
City-St-Zip: MANDEVILLE, LA 70448

Title: D () Delete
Name: REEVES, JUDY
Address: 99 FELICITY STREET
City-St-Zip: BAY ST. LOUIS, MS 39520

Title: D () Delete
Name: RICHARDS, RON
Address: 6625 CALLE DE LAUREL
City-St-Zip: NAVARRE, FL 32566

Title: ATTY () Delete
Name: MICHAEL, MARK
Address: P.O. BOX 50796
City-St-Zip: MOBILE, AL 36605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BATTY, THOMAS
Address: 5171 EAGLE POINT DR
City-St-Zip: GRAND BAY, AL 36541

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: JANE D. ESHLEMAN

S

04/29/2008

Electronic Signature of Signing Officer or Director

Date