

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35616

FILED
Apr 07, 2009
Secretary of State

Entity Name: THE GIDEONS INTERNATIONAL, INC.

Current Principal Place of Business:

50 CENTURY BOULEVARD
NASHVILLE, TN 37214

New Principal Place of Business:

Current Mailing Address:

50 CENTURY BOULEVARD
NASHVILLE, TN 37214

New Mailing Address:

PO BOX 140800
NASHVILLE, TN 37214

FEI Number: 36-2270051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, J. EUGENE, JR.
418 EAST VIRGINIA STREET
TALLAHASSEE, FL 32302 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: S () Delete
Name: BURDEN, JERRY D
Address: 101 W CATALINA CT
City-St-Zip: HERMITAGE, TN 37076

Title: P () Delete
Name: PRESCOTT, PERRIN T
Address: 10 RAILROAD AVENUE
City-St-Zip: EXETER, NH 038332037

Title: V () Delete
Name: DONNELLY, DENNIS
Address: 6945 E 149TH ST
City-St-Zip: OVERBROOK, KS 66524

Title: T () Delete
Name: THOMAS, WILLIAM E DR
Address: ASH LODGE 65 WHIRLOW PARK ROAD
City-St-Zip: WHIRLOW, SH S11 9NN UK

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:

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: JERRY D BURDEN

S

04/07/2009

Electronic Signature of Signing Officer or Director

Date