

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90032 047 ****61.25

DOCUMENT # N99000005403

1. Entity Name

**GOD'S HOLY TEMPLE OUTREACH MINITISTRIES,
INCORPORATED**



Principal Place of Business

**2164 N. FEDERAL HWY
FORT PIERCE FL 34950**

Mailing Address

**2164 N. FEDERAL HWY
FORT PIERCE FL 34950**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1074

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce Florida

Zip

Country

34954

Country

St. Lucie

4. FEI Number

65-0955307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPEARS, CASSANDRA
3113 AVENUE "S"
FORT PIERCE FL 34947**

7. Name and Address of New Registered Agent

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, 2004**

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 **SYMONETTE, DOUGLAS E**
STREET ADDRESS **1606 AVENUE "H"**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **SD** ☐ Delete
NAME **SPEARS, CASSANDRA**
STREET ADDRESS **3113 AVENUE "S"**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **FSTD** ☐ Delete
NAME **HAUGABOOK, ALICE Z**
STREET ADDRESS **315 A N 11TH STREET**
CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE **D** ☐ Delete
NAME **HALUGABOLER, ERVIN**
STREET ADDRESS **315 A N IRAN STREET**
CITY-ST-ZIP **FORT PIERCE FL 34950**

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
NAME **FSTD HAUGABOOK, ALICE Z**
STREET ADDRESS **315 A N 11TH STREET**
CITY-ST-ZIP **FORT PIERCE, Florida 34947**

TITLE ☒ Change ☐ Addition
NAME **D HAUGABOOK, Ervin**
STREET ADDRESS **315 A N IRAN STREET**
CITY-ST-ZIP **FORT PIERCE, Florida 34947**

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 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 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: ALICE Z. HAUGABOOK **ALICE Z. HAUGABOOK** **3/24/04** **72-460-8044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #