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FILED NONPROFIT Jun 11 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT #

1. Corporation Name (O) OMEGA OUTREACH MINISTRY, INC. Principal Place of Business Mailing Address 436 NW 2ND AVE. 1307 N.W.43ST 3. Date Incorporated or Qualified GAINESVILLE FL 32601 GAINESVILLE FL 32605 03/14/1983 4. FEI Number Applied For 59-2141985 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 8. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YOUNG, LAKPIDRA D Street Address (P.O. Box Number is Not Acceptable) 1307 N.W. 43 STREET **GAINESVILLE FL 32605** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE Change Addition YOUNG, JAMES R. NAME 1.2 NAME 1307 B.W. 43RD ST STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP SD TITLE DELETE 2.1 TITLE Change Addition **COOPER, JEANETTE** NAME 2.2 NAME COUNTY RD 2054, #36 STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE VSD DELETE 3.1 TITLE Change Addition COOPER, RODNEY NAME 3.2 NAME **OOUNTY RD 2054, #36** STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP 5MD TITLE DELETE 4.1 TITLE Change Addition NAME YOUNG, LAKEIDRA D 4.2 NAME 1307 N.W. 43RD STREET STREET ADDRESS 4.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 trustoe empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an eddress.

Valento

CIGNATURE: