2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767450

City-St-Zip:

GAINESVILLE, FL 32602

Entity Name: OMEGA OUTREACH MINISTRY, INC

FILED Jul 05, 2004 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
1008 NW 5 GAINESVI	5TH AVE LLE, FL 32601	US			
Current M	lailing Address	:	New Mailing Address:	New Mailing Address:	
1008 NW 8 GAINESVI	5TH AVE LLE, FL 32601	US	1307 NW 43 STREET GAINESVILLE, FL 32605	5 US	
FEI Number:	: 59-2141985	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
YOUNG, LAKPIDRA D 1307 N.W. 43 STREET GAINESVILLE, FL 32605 US			YOUNG, LAKEIDRA D 1307 N.W. 43 STREET GAINESVILLE, FL 32605 US		
	named entity su e of Florida.	ubmits this statement for the ເ	ourpose of changing its registered o	office or registered agent, or both,	
SIGNATUR	RE: LAKEIDRA	D. YOUNG		07/05/2004	
	Electronic	Signature of Registered Age	ent	Date	
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () I YOUNG, JAMES 1307 B.W. 43RD GAINESVILLE, F	ST	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () I COOPER, JEANI COUNTY RD 205 GAINESVILLE, F	4, #36	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VSD () I COOPER, RODN COUNTY RD 205 GAINESVILLE, F	4, #36	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	5MD () I YOUNG, LAKEID 1307 N.W. 43RD GAINESVILLE, F	STREET	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	SD () I SCOTT, FRANKII P.O. BOX 2304	Delete E YOUNG	Title: () Name: Address:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: JAMES R. YOUNG PD 07/05/2004