


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90241 020 \*\*\*\*61.25

<b>DOCUMENT # 768700</b> 1. Entity Name <b>GOSPEL OUTREACH, INC.</b>					
Principal Place of Business <b>C/O DAN J. MAST 1100 S. CONRAD AVE. SARASOTA FL 34237</b>			Mailing Address <b>C/O DAN J. MAST 1100 S. CONRAD AVE. SARASOTA FL 34237</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NO-T APPLICABLE</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MAST, DAN J. 1100 S. CONRAD AVE. SARASOTA FL 34237</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code         </span>		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MAST, DAN J</b> <b>1100 S CONRAD AVE</b> <b>SARASOTA FL 34237</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Joshua Graber</b> <b>3049 Wood St</b> <b>Sarasota, FL 34237</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GRABER, TERRY</b> <b>1102 PINE PRAIRIE RD</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Laura Graber</b> <b>3049 Wood St</b> <b>Sarasota FL 34237</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MAST, MARY JANE</b> <b>1100 S. CONRAD AVENUE</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAST, BRUCE J</b> <b>3946 DUNN DR</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAST, KATHY</b> <b>3946 DUNN DR</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRABER, DARLENE</b> <b>1102 PINE PRAIRIE RD</b> <b>SARASOTA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowerments.

**SIGNATURE:** *Dan M. M. M. M.* 4/20/06 941-955-4128