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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000347

1. Corporation Name

GOD'S PROPHETIC OUTREACH MINISTRY, INC.

Principal Place of Business

7900 103RD STREET
SUITE 19
JACKSONVILLE FL 32210

Mailing Address

7900 103RD STREET
SUITE 19
JACKSONVILLE FL 32210



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

11/20/1992

4. FEI Number

59-3462437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GOODMAN, BETTY R
1591 LANE AVENUE SOUTH
#109G
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **A**
STREET ADDRESS **GRANT, MICHAEL**
CITY-ST-ZIP **2501 JAMMES RD., APT 25**
JACKSONVILLE FL 32210-3760

TITLE ☐ DELETE
NAME **COP**
STREET ADDRESS **GRANT, FREDDIE**
CITY-ST-ZIP **2501 JAMMES RD., APT 25**
JACKSONVILLE FL 32210-3760

TITLE ☐ DELETE
NAME **BST**
STREET ADDRESS **JOHNSON, HELEN**
CITY-ST-ZIP **7695 REED STREET**
JACKSONVILLE FL 32208

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **GOODMAN, BETTY R**
CITY-ST-ZIP **1591 LANE AVENUE SOUTH #109G**
JACKSONVILLE FL 32210

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **SHELTON, CAMELA**
CITY-ST-ZIP **9012 CASTLE ROCK DR.**
JACKSONVILLE FL 32221

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 - 904 778-2671
904-778-4447
Date Daytime Phone #

CR2E037 (1/98)