2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# N00000002306

Entity Name: GOD'S PROPHETIC OUTREACH MINISTRY, INC.

Current Principal Place of Business:

7900 103RD ST, SUITE 19
JACKSONVILLE, FL 322106660

New Principal Place of Business:

Current Mailing Address:

7900 103RD ST, SUITE 19
JACKSONVILLE, FL 322106660

New Mailing Address:

FEI Number: 59-3462437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANT, MICHAEL
5638 TEMPEST ST
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

GRANT, MICHAEL
5876 LASABRE RD.
JACKSONVILLE, FL 32244 US

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.

SIGNATURE: _____ 04/23/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRANT, MICHAEL
Address: 5638 TEMPEST ST
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD ( ) Delete
Name: GRANT, FREDDIE
Address: 5638 TEMPEST ST
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD ( ) Delete
Name: JOHNSON, HELEN
Address: 7695 REED ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: STD ( ) Delete
Name: WILLIAMS, CAROL H
Address: 869 OLD LAWTEY RD
City-St-Zip: STARKE, FL 322091

Title: SD ( ) Delete
Name: SHELTON, CAMELA
Address: 9012 CASTLE ROCK DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete
Name: VALENTINE, JOYCE
Address: 1441 MANOTAK AVE #3201
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRANT, MICHAEL
Address: 5876 LASABRE RD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD (X) Change ( ) Addition
Name: GRANT, FREDDIE
Address: 5876 LASABRE RD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MICHAEL GRANT PD 04/23/2004
Electronic Signature of Signing Officer or Director — Date