2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State
07-16-2003 90046 042 ****61.25

000134300

DOCUMENT # N00000002306

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

Principal Place of Business	Mailing Address
7900 103RD ST. SUITE 19 JACKSONVILLE FL 32210-6660	7900 103RD ST. SUITE 19 JACKSONVILLE FL 32210-6660

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7900 103RD St. Suite 19	7900 103RD St. Suite 19
Suite, Apt. #, etc.: Suite 19	Suite, Apt. #, etc.: Suite 19
City & State: Jacksonville, Fl	City & State: Jacksonville, Fl
Zip: 32210-6660 Country: U.S.A.	Zip: 32210-6660 Country: U.S.A.

4. FEI Number 59-3462437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRANT, MICHAEL 5638 TEMPEST ST JACKSONVILLE FL 32244	Name: Grant, Michael Street Address (P.O. Box Number is Not Acceptable): 5638 Tempest St. City: Jacksonville **FL** Zip Code: 32244

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: Apostle Michael Grant — Apostle Michael Grant — 7-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRANT, MICHAEL 5638 TEMPEST ST JACKSONVILLE FL 32244	☐ Delete	PD Grant, Michael 5638 Tempest St. Jacksonville Fl 32244	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRANT, FREDDIE 5638 TEMPEST ST JACKSONVILLE FL 32244	☐ Delete	VD Grant, Freddie 5638 Tempest St. Jacksonville, Fl 32244	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNSON, HELEN 7695 REED ST JACKSONVILLE FL 32208	☐ Delete	TD Johnson, Helen 7695 Reed St. Jacksonville, Fl 32208	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WILLIAMS, CAROL H. 869 OLD LAWTEY RD STARKE FL 32209-1	☐ Delete	STD Williams, Carol H. 869 Old Lawtey RD Starke, Fl 32091	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHELTON, CAMELA 9012 CASTLE ROCK DR JACKSONVILLE FL 32221	☐ Delete	SD Shelton, Camela 9012 Castle Rock Dr. Jacksonville, Fl 32221	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALENTINE, JOYCE 1441 MANOTAK AVE #3201 JACKSONVILLE FL 32210	☐ Delete	D Valentine, Joyce 1441 Manotak Ave #3201 Jacksonville, Fl 32210	☐ Change ☐ Addition

CR2E037 (4/03)

12. 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 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 empowered.

SIGNATURE: Apostle Michael Grant SIGNATURE REQUIRED — 904-778-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #