

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002936

FILED
Mar 10, 2006
Secretary of State

Entity Name: GODS POWERFUL OUTREACH MINISTRY, INC.

Current Principal Place of Business:

129 MAIN ST.
DUNDEE, FL 33838

New Principal Place of Business:

6036 KALEY DR
WINTER HAVEN, FL 33880

Current Mailing Address:

6036 KALEY DR
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-3648761 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS SR, C D
6036 KALEY DR
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS SR, C D BISHOP
Address: P O BOX 1332
City-St-Zip: DUNDEE, FL 33838

Title: D () Delete
Name: WILLIAMS JR, CD PASTOR
Address: 6036 KALEY DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: WILLIAMS, JACQUELINE
Address: P O BOX 1332
City-St-Zip: DUNDEE, FL 33838

Title: D () Delete
Name: WILLIAMS, VICTORIA K
Address: 6036 KALEY DR
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: CD WILLIAMS

PAST

03/10/2006

Electronic Signature of Signing Officer or Director

Date