

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90450 050 \*\*\*\*70.00

**DOCUMENT # N00000003958**

1. Entity Name

GLOBAL OUTREACH MINISTRY NETWORK, INC.



Principal Place of Business

390 TYNDALL PKWY  
STE 135  
PANAMA CITY FL 32405

Mailing Address

390 TYNDALL PKWY  
STE 135  
PANAMA CITY FL 32405

2. Principal Place of Business

2596 Mary Fox dr

Suite, Apt. #, etc.



City & State

Gulf Breeze FL.

Zip

32563

Country

USA

3. Mailing Address

3749-D Gulf Breeze Pkwy

Suite, Apt. #, etc.

Suite 305

City & State

Gulf Breeze FL.

Zip

32563

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

59-3652778

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, VICTORIA  
211 CREEKVIEW DR  
WEWAHITCHKA FL 32465

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Same as before

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEE, MICHAEL A	
STREET ADDRESS	2502 MCCORMICK RD	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEE, KIMBERLY D	
STREET ADDRESS	303-D BELTLINE PLACE #723	
CITY-ST-ZIP	DECATUR AL 35603	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEE, KIMBERLY	
STREET ADDRESS	303-D BELTLINE PLACE #723	
CITY-ST-ZIP	DECATUR AL 35603	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORTIZ, JUSTIN D	
STREET ADDRESS	P.O. BOX 2343	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	2596 Mary Fox dr	
CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE	(VP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	Kimberly D. Lee	
CITY-ST-ZIP	2596 Mary Fox dr	
	Gulf Breeze FL 32563	
TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTORIA Anderson	
STREET ADDRESS	211 Creekview DR.	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael A. Lee

Michael A. Lee

4-23-04

850-932-6412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #