2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005
Secretary of State

DOCUMENT# N00000003958

Entity Name: GLOBAL OUTREACH MINISTRY NETWORK, INC.

Current Principal Place of Business:

2596 MARY FOX DR
GULF BREEZE, FL 32563

New Principal Place of Business:

3749-D GULF BREEZE PARKWAY
SUITE 305
GULF BREEZE, FL 32563

Current Mailing Address:

3749-D GULF BREEZE PKWY, SUIE 305
GULF BREEZE, FL 32563

New Mailing Address:

3749-D GULF BREEZE PKWY
SUITE 305
GULF BREEZE, FL 32563

FEI Number: 59-3652778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, VICTORIA
211 CREEKVIEW DR
WEWAHITCHKA, FL 32465 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: PD ( ) Delete
Name: LEE, MICHAEL A
Address: 2596 MARY FOX DR
City-St-Zip: GULF BREEZE, FL 32563

Title: VPD ( ) Delete
Name: LEE, KIMBERLY D
Address: 2596 MARY FOX DR
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete
Name: ANDERSON, VICTORIA
Address: 211 CREEKVIEW DR 632465
City-St-Zip: DECATUR, AL 35603

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:

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 LEE PD 06/08/2005
Electronic Signature of Signing Officer or Director — Date