

1/30/

FILED

Feb 26, 2001 8:00 am
Secretary of State

01-30-2001 90150 014 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006630

1. Entity Name

GENESIS ASSEMBLY OUTREACH MINISTRIES INC.

Principal Place of Business

2541 NW 95TH STREET
MIAMI FL 33147

Mailing Address

2541 NW 95TH STREET
MIAMI FL 33147

2. Principal Place of Business

Same AS Above

3. Mailing Address

Same AS Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SILAS, WILLIE MAE
2031 NW 114TH STREET
MIAMI FL 33054

4. FEI Number

65-1050720

Applied For

Not Applicable

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

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.

SIGNATURE

Willie Mae Silas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/16/01

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ADELL DAVIS	
STREET ADDRESS	16220 NW 17 AVE	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	WILLIE MAE SILAS	
STREET ADDRESS	2031 NW 114TH STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	TRACY TROY	
STREET ADDRESS	3611 NW 202 ST	
CITY-ST-ZIP	CAROL CITY FL 33056	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	CHAVIS WRIGHT	
STREET ADDRESS	1941 NW 143rd	
CITY-ST-ZIP	OPA LOCKA FL 33054	
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		<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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adelle

305-625-8679

Date

Daytime Phone #

CR2E037 (10/00)