

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006630

FILED  
Jan 05, 2005  
Secretary of State

**Entity Name:** GENESIS ASSEMBLY OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

2541 NW 95TH STREET  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

16220 NW 19 AVE  
MIAMI, FL 33054

**New Mailing Address:**

**FEI Number:** 65-1050720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENNETT, LARRY G  
16220 NW 19TH AVE.  
MIAMI, FL 33054 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: DAVIS, ADELL  
Address: 16220 NW 17 AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: VPD ( ) Delete  
Name: BENNETT, LARRY G  
Address: 16220 NW 19TH AVE  
City-St-Zip: MIAMI GARDENS, FL 33054

Title: SD ( ) Delete  
Name: WILSON, MAGDALENE Y  
Address: 835 NW 42ND ST.  
City-St-Zip: MIAMI, FL 33127

Title: T ( ) Delete  
Name: WEIGHT, CHAVIS  
Address: 1741 NW 163 CL  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DAVIS, ADELL  
Address: 16220 NW 19 AVE  
City-St-Zip: OPA LOCKA, FL 33054

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: ADELL DAVIS

PRES

01/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date