

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006630

FILED
Jan 03, 2007
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 19 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: () 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: ADELL DAVIS

PD

01/03/2007

Electronic Signature of Signing Officer or Director

Date