

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

**FILED**

**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000000239**

1. Entity Name

GONYON GLOBAL OUTREACH, INC.



Principal Place of Business

27103 SEABREEZE WAY  
WESLEY CHAPEL FL 33543

Mailing Address

27103 SEABREEZE WAY  
WESLEY CHAPEL FL 33543

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3687209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONYON, ERIC  
27103 SEABREEZE WAY  
WESLEY CHAPEL FL 33543

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete  
GONYON, ERIC  
STREET ADDRESS 27103 SEA BREEZE WAY  
CITY-ST-ZIP WESLEY CHAPEL FL 33543

TITLE NAME ☐ Change ☐ Addition  
000000079978  
03/08/04-80090-009 61.25

TITLE NAME ☐ Delete  
GONYON, JENNIFER  
STREET ADDRESS 27103 SEA BREEZE WAY  
CITY-ST-ZIP WESLEY CHAPEL FL 33543

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
VANRENSBURG, NICK  
STREET ADDRESS 11401 TULLAMORE DRIVE  
CITY-ST-ZIP TAMPA FL 33637

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-04

413-907-8087

Date

Daytime Phone #