2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

1. Entity Name GREATER SAINT PAUL OUTREACH MINISTRIES INC.								05-04-2006	90207	047 ****6	51.25
Principal Plac 738 NW TEX LAKE CITY, F	as ave	S	Mailing Address 304 SW KICKLIGHTES TER LAKE CITY, FL 32024				άθθονεπο				
2. Principal P	tace of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03252006	Chg-NP	CR2E	037 (11/05)		
City & State			City & State				4. FEI Number 59-37380	56			optied For of Applicable
Zip	Zip Country		Zip Cou		intry	5. Certificate of Status		Status Desired	\$9.75 tarrians		ditional
	6. Name	and Address of Current	Registered Agent				7. Name and Ac	ldress of New R	tegistere	Agent	
PERRY, CHRISTOS Y 1350 NW TEXAS AVE LAKE CITY, FL 32055					Name (ddress (F	Perry 2.0. Box Number is	s Not Acceptable)		
LAKE CIT	1, FL 320	33		304 S			V Kickl	ghter	TE	R Zip Cod	/
					1 3	ake	City.	_	F	L 1320	1 24
	named entitions of regis	y submits this statement for pered agent.	or the purpose of changin	ig its register	ed office or	register	ed agent, or both,	in the State of Fic	orida. I ar	n familiar with,	and accept
SIGNATURE .	Signature hyped	or printed named registered apoint	and title if applicable.	OKOTE Registere	r Dy e	re required	Ent) when reinstallings		DATE	pr 3,2	006
Filing Fee is \$61.25 9. Election Campa Due by May 1, 2006 Trust Fund Cont											
							\$5.00 May Be Added to Fees			ck payable t eriment of S	
10.			Trust Fu			IJ	\$5.00 May Be Added to Fees ODITIONS/CHAN	Flor	ida Dep	ertment of S	tate
10. TITLE NAME	Due by N	lay 1, 2006 _.	Trust Fu	ind Contribut	ion. [<u> </u>	Added to Fees	GES TO OFFICE	ida Dep	ertment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the opporation or the receiver or furstee 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:

AND TYPET ON BESIDED HAVE OF SIGNING OFFICER OR DIRE

Apr 3,2006 (386)344-1011