

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002667

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** GREATER SAINT PAUL OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

738 NW TEXAS AVE  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

304 SW KICKLIGHTES TER  
LAKE CITY, FL 32024

**New Mailing Address:**

**FEI Number:** 59-3738056      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PERRY, CY  
304 SW KIRKLIGHTER TER  
LAKE CITY, FL 32024    US

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

PERRY, CY  
304 SW KICKLIGHTER TER  
LAKE CITY, FL 32024    US

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: CY PERRY

05/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PERRY, CHRISTOS Y  
Address: RT. 15, BOX 4460  
City-St-Zip: LAKE CITY, FL 32024

Title: V ( ) Delete  
Name: PERRY, PAULA D  
Address: RT. 15, BOX 4460  
City-St-Zip: LAKE CITY, FL 32024

Title: D ( ) Delete  
Name: PERRY, JESSE  
Address: 18 BOX 220  
City-St-Zip: LAKE CITY, FL 32025

Title: SD ( ) Delete  
Name: WATSON, DELOIS  
Address: 10527 SW ST. RD, HWY 47  
City-St-Zip: FORT WHITE, FL 32038

Title: D ( ) Delete  
Name: HOGUE, LILLIE  
Address: RT. 22 BOX 1280  
City-St-Zip: LAKE CITY, FL 32024

Title: T ( ) Delete  
Name: PERRY, RUSS D  
Address: 162 SW SUMMERS LN  
City-St-Zip: LAKE CITY, FL 32025

**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:

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 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: CY PERRY

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date