2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000002620

1. Entity Name
GOD'S WAY OUT COMMUNITY DEVELOPMENT CENTER, INC.

Principal Place of Business	Mailing Address
8105 PENSACOLA BLVD PENSACOLA, FL 32534	8105 PENSACOLA BLVD PENSACOLA, FL 32534

DO NOT WRITE IN THIS SPACE

04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3397343

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DENNIS, NANCY
1460 JOHNSON AVE #104
PENSACOLA, FL 32514

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000158304
05/07/04-80016-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, CHESTER
STREET ADDRESS	330 SHILOH DR
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	V
NAME	WILLIAMS, CAROLYN F
STREET ADDRESS	330 SHILOH DR
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	S
NAME	SUMPTER, SHERYL
STREET ADDRESS	501 NORTH "Z" STREET
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Carolyn Williams 4-29-04 850-505-0230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #