

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002620

FILED
Jul 19, 2005
Secretary of State

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

Current Principal Place of Business:

8105 PENSACOLA BLVD
PENSACOLA, FL 32534

New Principal Place of Business:

330 SHILOH DRIVE
PENSACOLA, FL 32503

Current Mailing Address:

8105 PENSACOLA BLVD
PENSACOLA, FL 32534

New Mailing Address:

PO BOX 10611
PENSACOLA, FL 32524

FEI Number: 59-3397343 **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:

DENNIS, NANCY
1460 JOHNSON AVE #104
PENSACOLA, FL 32514 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: P () Delete
Name: WILLIAMS, CHESTER
Address: 330 SHILOH DR
City-St-Zip: PENSACOLA, FL 32504

Title: V () Delete
Name: WILLIAMS, CAROLYN F
Address: 330 SHILOH DR
City-St-Zip: PENSACOLA, FL 32504

Title: S () Delete
Name: SUMPTER, SHERYL
Address: 501 NORTH
City-St-Zip: PENSACOLA, FL 32505

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHESTER WILLIAMS

PRES

07/19/2005

Electronic Signature of Signing Officer or Director

Date