2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: VIOLA CON STAND STAND OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N02000002697 1. Entity Name GOD'S ANOINTED OUTREACH MINISTRIES, INC.							Feb 10, 2005 08:00 AM Secretary of State			
Principal Place of Business Mailing Address										
Principal Place of Business				Ť			.			
6118 NW 26TH ST. GAINESVILLE FL 32653				6118 NW 26TH ST. GAINESVILLE FL 32653						
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2. Principal Place of Business				iling Address	**	· · · · · · · · · · · · · · · · · · ·				
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Suite, Apt. #, etc.				uite, Apt. #, etc.			1st MC	ORE CR2E	037 (10/04)	
City & State				ity & State			4. FEI Number		Ap	plied For
							01-0599534 Not Applical			
Zip	Zip Country		Zip		Col	untry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current				ed Agent			7. Name and Add	ress of New Registers		
Name										
GRIFFIN, VIOLA C						Street Address (P.O. Box Number is Not Acceptable)				
6118 NŴ 26TH ST. GAINESVILLE FL 32653						<u> </u>			<u> </u>	· –
CANALOVILLE 7 E 32000						F. F. 5. 7"				<u>* = 7".</u> :-
					a	City		F		
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 registrad agent and title if applicable (NOTE Registered Agent signature required when reinstating) [NOTE Registered Agent signature required when reinstating)										
FILE NOW: FEE IS \$61.25 Due By May 1, 2005 .9. Election Campaign F Trust Fund Contributi							\$5.00 May Be Added to Fees		ck Payable artment of S	
10,		OFFICERS AND D	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND		10
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NAME I	RUSHING, JULIA 6108 NW 26TH ST.				NAM					
STREET ADDRESS City-St-Zip	GAINESVILLE FL 32653					ŒTADDRESS '∙ST-ZIP				
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NAME V	HAYES, ISAAC				NAM	IE				
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40 Lhavaler	certify that th	e information supplied wit	h this filing	does not qualify for	the eye	emption stated in S	Section 119.07(3)(i). Fi	orida Statutes. I further	certify that the in	nformation
indicated	on this repo	of this tradict supplied with the receiver or trustee emp achment with an address.	s true and sowered to	accurate and that m execute this report a	เบ ธเกกา	iture snali nave tne	e same legal effect as:	n msae waar aam na	I DOWN DO COURSE	OF CHACKET

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Daytime Phone #