

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002697

1. Entity Name

GOD'S ANOINTED OUTREACH MINISTRIES, INC.



Principal Place of Business

6118 NW 26TH ST.
GAINESVILLE FL 32653

Mailing Address

6118 NW 26TH ST.
GAINESVILLE FL 32653



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

01-0599534

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, VIOLA C
6118 NW 26TH ST.
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ PD
NAME ☒ GRIFFIN, VIOLA C
STREET ADDRESS 6118 NW 26TH ST.
CITY-STATE-ZIP GAINESVILLE FL 32653 ☐ Delete

TITLE ☒ VD
NAME ☒ RUSHING, JULIA
STREET ADDRESS 6108 NW 26TH ST.
CITY-STATE-ZIP GAINESVILLE FL 32653 ☐ Delete

TITLE ☒ SD
NAME ☒ HAYES, ISAAC
STREET ADDRESS 3540 SW ARCHER RD.
CITY-STATE-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE ☐
NAME ☐
STREET ADDRESS ☐
CITY-STATE-ZIP ☐ Delete

TITLE ☐
NAME ☐
STREET ADDRESS ☐
CITY-STATE-ZIP ☐ Delete

TITLE ☐
NAME ☐
STREET ADDRESS ☐
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME ☐
STREET ADDRESS 000000415830
CITY-STATE-ZIP 02/11/06-80097-009 61.25 ☐ Change ☐ Add

TITLE ☐ Change ☐ Add
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STREET ADDRESS ☐
CITY-STATE-ZIP ☐

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TITLE ☐ Change ☐ Add
NAME ☐
STREET ADDRESS ☐
CITY-STATE-ZIP ☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

Viola C. Griffin

1/20/06 352-3306737