

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007157

FILED
Mar 08, 2004
Secretary of State**Entity Name:** GOD LOVES YOU OUTREACH MINISTRIES, INC.**Current Principal Place of Business:**2341 NW 208 STREET
MIAMI GARDENS, FL 33056**New Principal Place of Business:****Current Mailing Address:**2341 NW 208 STREET
MIAMI GARDENS, FL 33056**New Mailing Address:****FEI Number:** 20-0208410**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MCCOY, MARY L PASTOR
2341 NW 200 8TH STREET
MIAMI GARDEN, FL 33056 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: MCCOY, MARY L PASTOR
Address: 2341 NW 200 8TH STREET
City-St-Zip: MIAMI GARDEN, FL 33056

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change () Addition
Name: MCCOY, MARY L PASTOR
Address: 2341 NW 200 8TH STREET
City-St-Zip: MIAMI GARDEN, FL 33056

Title: MS () Change (X) Addition
Name: CAPERS, WILLIE A V-CHAIR
Address: 4899 ROCK SPRINGS ROAD
City-St-Zip: LITHONIA, GA 30038 US

Title: MS () Change (X) Addition
Name: HELMS, MARY D CHAIR
Address: 115 BLUE GRASS COURT
City-St-Zip: OXFORD, GA 30054 US

Title: MR () Change (X) Addition
Name: MCCOY, WILLIE B TRESURE
Address: 8520 SHERMAN CIRCLE NORTH APT B-106
City-St-Zip: MIRAMAR, FL 33025 US

Title: MS () Change (X) Addition
Name: CLEMONS, LINDA J SECRETA
Address: 133 LEES LAKE
City-St-Zip: FAYETTEVILLE, GA 30214 US

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: MARY LOUISE MCCOY

MRS

03/08/2004

Electronic Signature of Signing Officer or Director

Date