2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007157

FILED Jul 11, 2005 Secretary of State

Entity Name: GOD LOVES YOU OUTREACH MINISTRIES, INC.

urrent F	Principal Place of Business:	New Principal Place of Business:
	208 STREET RDENS, FL 33056	
Current N	failing Address:	New Mailing Address:
	208 STREET RDENS, FL 33056	
n accordar	r: 20-0208410 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did not	•
iaine and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
2341 NW	MARY L PASTOR 200 8TH STREET RDEN, FL 33056 US	
	e named entity submits this statement for the pure of Florida.	urpose of changing its registered office or registered agent, or bot
NONIA TI I	DE:	
IGNATU	KL.	
IGNATU	Electronic Signature of Registered Ager	nt Date
SIGNATU P FFICER		nt Date ADDITIONS/CHANGES TO OFFICERS AND DIRECT
FFICER tle: ame: ddress:	Electronic Signature of Registered Ager	
tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	Electronic Signature of Registered Ager S AND DIRECTORS: MRS () Delete MCCOY, MARY L PASTOR 2341 NW 200 8TH STREET	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address:
tle: ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tty-St-Zip: tte: ame: ddress:	Electronic Signature of Registered Ager S AND DIRECTORS: MRS () Delete MCCOY, MARY L PASTOR 2341 NW 200 8TH STREET MIAMI GARDEN, FL 33056 MS () Delete CAPERS, WILLIE A V-CHAIR 4899 ROCK SPRINGS ROAD	ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
	Electronic Signature of Registered Ager S AND DIRECTORS: MRS () Delete MCCOY, MARY L PASTOR 2341 NW 200 8TH STREET MIAMI GARDEN, FL 33056 MS () Delete CAPERS, WILLIE A V-CHAIR 4899 ROCK SPRINGS ROAD LITHONIA, GA 30038 US MS () Delete HELMS, MARY D CHAIR 115 BLUE GRASS COURT	ADDITIONS/CHANGES TO OFFICERS AND DIRECT 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: MARY L MCCOY MRS. 07/11/2005