

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-02-2004 90017 012 ****61.25

DOCUMENT # N03000008667

1. Entity Name

**GREATER POPLAR SPRINGS COMMUNITY OUTREACH
MINISTRIES INC.**



Principal Place of Business

Mailing Address

702 SW 1ST STREET
JASPER FL 32052
US

702 SW 1ST STREET
JASPER FL 32052
US

66431729



MOORE

CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0075927

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMON, J T REV
1012 SW 5TH ST
JASPER FL 32052**

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 September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMON, J T REV	
STREET ADDRESS	1012 SW 5TH ST	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARIDY, EARNEST JR	
STREET ADDRESS	P O BOX 885	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DONALD	
STREET ADDRESS	310 4TH ST NW	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, MALCOLM	
STREET ADDRESS	702 SW 1ST STREET	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILLINGTON, KEITH T	
STREET ADDRESS	P O BOX 513	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMBS, THEODORE C	
STREET ADDRESS	10418 NW 35TH TERR ST	
CITY-ST-ZIP	JASPER FL 32052	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Earneest Claridy Jr*

8-9-2004