

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000360

FILED  
Jul 09, 2006  
Secretary of State

**Entity Name:** GLOBAL OUTREACH TEMPLE OF PRAISE WORSHIP CENTER, INC.

**Current Principal Place of Business:**

3256 HUNTER CT  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 618530  
ORLANDO, FL 32861

**New Mailing Address:**

**FEI Number:** 73-1687711      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DAVIS, ALMA M REV  
3256 HUNTER CT  
APOPKA, FL 32703      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: DPP      ( ) Delete  
Name: DAVIS, ALMA M  
Address: P O BOX 618530  
City-St-Zip: ORLANDO, FL 32861

Title: DVT      ( ) Delete  
Name: SHEPARD, JERMAINE D SR  
Address: 3621 CHADWICK LN  
City-St-Zip: DAVENPORT, FL 33837

Title: D      ( ) Delete  
Name: SHEPARD, ANGIE M  
Address: 200 EMERALD AVE  
City-St-Zip: LAKE WALE, FL 33853

Title: DS      ( ) Delete  
Name: ROWELL, CHERYL D  
Address: 3256 HUNTER CT  
City-St-Zip: APOPKA, FL 32703

Title: D      ( ) Delete  
Name: STOUDEMIRE, BARBARA  
Address: P O BOX 97  
City-St-Zip: LAKE WALES, FL 33859

Title: D      ( ) Delete  
Name: ODUM, MICHELLE L  
Address: 301B N FIRST ST  
City-St-Zip: LAKE WALES, FL 33853

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: JERMAINE D. SHEPARD SR.

DVT

07/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date