

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008621

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** GOD'S ANOINTED OUTREACH MINISTRY, INC.

**Current Principal Place of Business:**

1105 NW 4TH STREET  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 763  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 01-0931154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOK, ALMA M  
5259 NW 60TH TERRACE  
OCALA, FL 34482 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: PD  
Name: COOK, ALMA M  
Address: 5259 NW 60TH TERRACE  
City-St-Zip: Ocala, FL 34482

Title: VD  
Name: HOLT, ALISON C  
Address: 6765 NW 14TH AVENUE  
City-St-Zip: Ocala, FL 34475

Title: SD  
Name: EVANS, SHARON  
Address: 4163 NW 87TH STREET  
City-St-Zip: Ocala, FL 34482

Title: TD  
Name: GILMORE, CATHERINE  
Address: 8650 NW 14TH AVENUE  
City-St-Zip: Ocala, FL 34475

Title: TD  
Name: LESTER, JACQUELINE  
Address: 2227 NW 1TH AVENUE  
City-St-Zip: Ocala, FL 34475

I hereby 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 all other like empowered.

SIGNATURE: ALMA M. COOK

PD

03/19/2012

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

\_\_\_\_\_  
Date