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

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90747 001 ****61.25

DOCUMENT # N09218

1. Entity Name

HOLY GHOST OUTREACH PRAYER MINISTRIES, INCORPORATED

Principal Place of Business	Mailing Address
524 NW 1ST ST GAINESVILLE FL 32601 US	P.O. BOX 23759 GAINESVILLE FL 32602

MOORE CR2E037 (11/03)

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 59-2524483 ☐ 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
MCCLELLAN, KENNETH L 2741 NW 68TH GAINESVILLE FL 32653	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 Reverend Kenneth L. McClellon Kenneth L. McClellon 3/1/04
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 May 1, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, WILLETTE L 6415 SE 96TH TERRACE GAINESVILLE FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ~~TREASURER~~ ~~BRENDA J. WOODY~~ ~~3643 NW 46th Place~~ ~~Gainesville FL 32605~~ (PD Kim 3/1/04)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCLELLAN, KENNETH L 2741 NW 68TH AVENUE GAINESVILLE FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee - Secretary Linda A Adams 223-9 SE 44th Ave. Gainesville, FL 32641 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKNIGHT, CHARLES L 526 S.W. 5TH AVE. GAINESVILLE FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee - Treasurer Brenda J. Woody 3643 NW 46th Pl Gainesville FL 32605 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Ruben S. Williams 1103 NW 5th Ave Gainesville FL 32601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Charles McKnight 526 SW 5th Ave Gainesville FL 32601 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Erma L. Williams 1103 NW 5th Ave Gainesville FL 32609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Mildred W. Turner 1103 NW 5th Ave Gainesville FL 32601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Rev Kenneth L. McClellon 3/1/04 (352) 335-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #