

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 26 PH 12: 50**

**DOCUMENT # N25957**

**(4)**

1. Corporation Name

**GLORY CHAPEL OUTREACH INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|                                                                        |                                                                        |
|------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business                                            | Mailing Address                                                        |
| C/O REV. DUANE CHASSIE<br>CR 181, PO BOX 999<br>WILDWOOD FL 34785-0999 | C/O REV. DUANE CHASSIE<br>CR 181, PO BOX 999<br>WILDWOOD FL 34785-0999 |

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/18/1988</b> | 3a. Date of Last Report<br><b>05/23/1994</b> |
| 4. FEI Number<br><b>59-2884369</b>                     | Applied For<br>Not Applicable                |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 25. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 29. Zip                 |
| 24. Country                    | 30. Country             |

|                                                                                                                                                  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                             | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  | <b>\$5.00 May Be Added to Fees</b>           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>                                                            | <b>\$68.75 Supplemental Fee Not Required</b> |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                                                                  |  |
|----------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                                  |  |
| CHASSIE, DUANE<br>CR 181 (AT YOUTH CHALLENGE)<br>PO BOX 999<br>WILDWOOD FL 32785 |  |

|                                                        |                 |
|--------------------------------------------------------|-----------------|
| 10. Name and Address of New Registered Agent           |                 |
| 81. Name                                               |                 |
| 82. Street Address (P.O. Box Number is Not Acceptable) |                 |
| 83.                                                    |                 |
| 84. City                                               | FL 85. Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                   |
|----------------------------|-------------------|
| TITLE                      | REV               |
| NAME                       | CHASSIE, DUANE    |
| STREET ADDRESS             | COUNTRY RD. 181   |
| CITY-ST-ZIP                | WILDWOOD FL 34785 |
| TITLE                      | ST                |
| NAME                       | CARRILLO, LUIS    |
| STREET ADDRESS             | COUNTRY RD. 181   |
| CITY-ST-ZIP                | WILDWOOD FL 34785 |
| TITLE                      | V                 |
| NAME                       | BUNN, GEORGE      |
| STREET ADDRESS             | COUNTRY RD. 181   |
| CITY-ST-ZIP                | WILDWOOD FL 34785 |
| TITLE                      | STD               |
| NAME                       | COLON, WILFREDO   |
| STREET ADDRESS             | COUNTRY RD. 181   |
| CITY-ST-ZIP                | WILDWOOD FL 34785 |
| TITLE                      |                   |
| NAME                       |                   |
| STREET ADDRESS             |                   |
| CITY-ST-ZIP                |                   |
| TITLE                      |                   |
| NAME                       |                   |
| STREET ADDRESS             |                   |
| CITY-ST-ZIP                |                   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY-ST-ZIP                                       |                                                                   |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY-ST-ZIP                                       |                                                                   |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY-ST-ZIP                                       |                                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY-ST-ZIP                                       |                                                                   |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                   |
| 5.3 STREET ADDRESS                                    |                                                                   |
| 5.4 CITY-ST-ZIP                                       |                                                                   |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME                                              |                                                                   |
| 6.3 STREET ADDRESS                                    |                                                                   |
| 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Duane W. Chassie* 4/20/95 904-748-5595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone