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Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25957 (4)

1. Corporation Name

GLORY CHAPEL OUTREACH INC.



Principal Place of Business

Mailing Address

C/O REV. DUANE CHASSIE
CR 181, PO BOX 999
WILDWOOD FL 34785-0999C/O REV. DUANE CHASSIE
CR 181, PO BOX 999
WILDWOOD FL 34785-09993. Date Incorporated or Qualified
04/18/19883a. Date of Last Report
05/26/1996

2. Principal Place of Business

2a. Mailing Address

21. Glory Chapel Outreach
Suite, Apt. #, etc.26. 4626 NE 49th Blvd
Suite, Apt. #, etc.22. 4626 NE 49th Blvd27. Wildwood, FL23. Wildwood, FL
City & State28. Wildwood, FL
City & State24. 34785 25. U.S.
Zip Country29. 34785 30. U.S.
Zip Country4. FEI Number
59-2884369Applied For
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHASSIE, DUANE
CR 181 (AT YOUTH CHALLENGE)
PO BOX 999
WILDWOOD FL 32785

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ AdditionTITLE D
NAME CHASSIE, DUANE REV.
STREET ADDRESS COUNTY RD. 181
CITY-ST-ZIP WILDWOOD FL 347851.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D
NAME CARRILLO, LUIS
STREET ADDRESS COUNTRY RD. 181
CITY-ST-ZIP WILDWOOD FL 347852.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME BUNN, GEORGE
STREET ADDRESS COUNTRY RD. 181
CITY-ST-ZIP WILDWOOD FL 347853.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME COLON, WILFREDO
STREET ADDRESS COUNTRY RD. 181
CITY-ST-ZIP WILDWOOD FL 347854.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duane Chassie

Date

2/18/97

Daytime Phone #

352-748-5595

CR2E037 (9/96)