

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25957

Entity Name: GLORY CHAPEL OUTREACH INC.

FILED  
Aug 31, 2004  
Secretary of State

## Current Principal Place of Business:

GLORY CHAPEL OUTREACH  
4732 NE 49TH BLVD  
WILDWOOD, FL 34785 US

## New Principal Place of Business:

## Current Mailing Address:

GLORY CHAPEL OUTREACH  
4732 NE 49TH BLVD  
WILDWOOD, FL 34785 US

## New Mailing Address:

FEI Number: 59-2884369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHASSIE, DUANE  
4738 NE 49TH BLVD.  
WILDWOOD, FL 34785 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: D ( ) Delete  
Name: CHASSIE, DUANE REV.  
Address: COUNTY RD. 181  
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete  
Name: SHAW, GEORGE  
Address: COUNTRY RD. 181  
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete  
Name: BUNN, GEORGE  
Address: COUNTY RD. 181  
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete  
Name: SHAW, JAMIE  
Address: CR 181  
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete  
Name: CAVENOUGH, MARVIN DR  
Address: CR 181  
City-St-Zip: WILDWOOD, FL 34785

## 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: D (X) Change ( ) Addition  
Name: CAVANAUGH, MARVIN DR  
Address: CR 181  
City-St-Zip: WILDWOOD, FL 34785

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DUANE CHASSIE

REV.

08/31/2004

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

\_\_\_\_\_  
Date