

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N36470** (5)

1. Corporation Name

GOSPEL TEAM OUTREACH INTERNATIONAL MINISTRIES IN C.



Principal Place of Business

Mailing Address

TICK ROAD OFF HWY. 349
PO BOX 130
OLD TOWN FL 32680

TICK ROAD OFF HWY. 349
PO BOX 130
OLD TOWN FL 32680

3. Date Incorporated or Qualified
01/23/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2991901

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. 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

CORWIN, DINA N.
TICK ROAD OFF HWY. 349 NORTH
OLD TOWN FL 32680

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:

Dina N. Corwin
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **GOODMAN, EMORY J.**
STREET ADDRESS **545 OFFING DRIVE**
CITY - ST - ZIP **FAYETTEVILLE NC**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **GOODMAN, BEVERLY**
STREET ADDRESS **545 OFFING DR**
CITY - ST - ZIP **FAYETTEVILLE NC**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **CORWIN, FLEET J.**
STREET ADDRESS **C.R. 349 N. & TICK RD**
CITY - ST - ZIP **OLD TOWN FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **CORWIN, DINA N.**
STREET ADDRESS **C.R. 349 N. & TICK RD**
CITY - ST - ZIP **OLD TOWN FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **DUNLAP, THOMAS**
STREET ADDRESS **7845 S VILLAGE DR, #204**
CITY - ST - ZIP **ST. PETERSBURG FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **JOHNSON, RANDY**
STREET ADDRESS **RT.2, BOX 542-G-4**
CITY - ST - ZIP **HOPE MILLS NC 28348**

6.1 TITLE ☐ Change ☐ 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)(4), 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

Dina N. Corwin

DATE

Daytime Phone #

2/29/96 **(352)** **542-3056**

CR2E037 (12/95)