


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90219 049 ****70.00

DOCUMENT # N45101					
1. Entity Name GREATER APOSTOLIC OUTREACH HOLY CHURCH OF GOD, INC.					
Principal Place of Business DR. D. D. BROWN 907 SW 3RD ST OCALA, FL 34474 US			Mailing Address 3602 SE 7TH STREET OCALA, FL 34471 US		
2. Principal Place of Business		3. Mailing Address 3602 SE 7th ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ocala, FL		4. FEI Number 75-3086242	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
34471		United States		04282004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent GREEN, JAMES E BISHOP 3 PINE TRACE OCALA, FL 34472			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME GREEN, JAMES E BISHOP STREET ADDRESS P.O. BOX 6045 CITY-STATE-ZIP OCALA, FL 34478	<input type="checkbox"/> Delete		TITLE A-Administration NAME Cleveland Brantley STREET ADDRESS 13480 SW 29th Ave Rd CITY-STATE-ZIP Ocala, FL 34473	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME SMITH, TRESSICA Y STREET ADDRESS 16246 SW 48TH CIRCLE CITY-STATE-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C NAME RUTLEDGE, CHARLIE STREET ADDRESS 6981 NW 14TH AVE CITY-STATE-ZIP OCALA, FL 34475	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BROOKS, CHANEL STREET ADDRESS 3602 SE 7TH STREET CITY-STATE-ZIP OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C NAME WASHINGTON-BROWN, DEBORAH STREET ADDRESS P.O. BOX 1323 CITY-STATE-ZIP OCALA, FL 34473	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME PERRY, ROBERTA STREET ADDRESS 920 SW 3RD ST/DR. D.D. BROWN ST CITY-STATE-ZIP OCALA, FL 34474	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Tressica Y. Smith			Vice President		
4/29/04			352 694-6200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					