


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90083 025 ****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 3600 SE 7TH ST. OCALA, FL 34471 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. P.O. Box 743 City & State OCALA, FL 3 Zip Country 34478 USA	
		(N 4 5 1 0 1 = = = = = N)	
		03212005 Chg-NP CR2E037 (10/03)	
		4. FEI Number 75-3086242	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 James E. Green Street Address (P.O. Box Number is Not Acceptable) 13480 SW 29th Ave. Rd City OCALA FL Zip Code 34473	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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 GREEN, JAMES E BISHOP P.O. BOX 6045 OCALA, FL 34478	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>		Delete <input checked="" type="checkbox"/>	
TITLE	V SMITH, TRESSICA Y 16246 SW 48TH CIRCLE OCALA, FL 34471	TITLE	V Ella M. Dinkins 921 SW 3rd str. OCALA, FL 34474
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>		Delete <input checked="" type="checkbox"/>	
TITLE	C RUTLEDGE, CHARLIE 6981 NW 14TH AVE OCALA, FL 34475	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	S BROOKS, CHANEL 3602 SE 7TH STREET OCALA, FL 34471	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	C WASHINGTON-BROWN, DEBORAH P.O. BOX 1323 OCALA, FL 34473	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE	T PERRY, ROBERTA 920 SW 3RD ST/DR. D.D. BROWN ST OCALA, FL 34474	TITLE	Treasurer Willie Taylor 9570 NE 42nd Pl OCALA, FL 34479
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input checked="" type="checkbox"/>		Delete <input checked="" type="checkbox"/>	
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: Bishop James Green <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5/4/02 (352) 653-8940 <small>Daytime Phone #</small>	