2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# N45101

Entity Name: GREATER APOSTOLIC OUTREACH HOLY CHURCH OF GOD, INC.

Current Principal Place of Business:

921 SW DR. D. D. BROWN STREET
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 743
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 75-3086242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN-WASHINGTON, DEBORAH DR.
13480 SW 29TH AVE RD
OCALA, FL 34473 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:	P	( ) Delete
Name:	BROWN-WASHINGTON, DEBORAH DR.	
Address:	P.O. BOX 1323	
City-St-Zip:	OCALA, FL 34478 US	
Title:	V	( ) Delete
Name:	WASHINGTON, ERROL	
Address:	P. O. BOX 1323	
City-St-Zip:	OCALA, FL 34478 US	
Title:	C	( ) Delete
Name:	GREEN, MAE ELD.	
Address:	P. O. BOX 6045	
City-St-Zip:	OCALA, FL 34478 US	
Title:	S	( ) Delete
Name:	LUNDY, PALOMA SIS.	
Address:	1018 SW 2ND STREET	
City-St-Zip:	OCALA, FL 34474 US	
Title:	T	( ) Delete
Name:	ERSKINE, JOANNA	
Address:	P. O. BOX 1323	
City-St-Zip:	OCALA, FL 34478 US	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEBORAH BROWN-WASHINGTON DR. 05/10/2007
Electronic Signature of Signing Officer or Director — Date