

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90004 021 ****70.00

DOCUMENT # N49483 1. Entity Name GREAT OUTDOORS CHURCH, INC.					
Principal Place of Business 144 PLANTATION DR TITUSVILLE FL 32780 US			Mailing Address 144 PLANTATION DRIVE TITUSVILLE FL 32780 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3142857	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEEPLES, JAMES W., III 505 N. ORLANDO AVE. 4TH FLOOR COCOA BEACH FL 32932-0757				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 _____ DATE _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature not used when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP DARLING, JAMES 462 PLANTATION TITUSVILLE FL 32780 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Zenner ☒ Change ☐ Addition 145 Windsong Way Titusville, FL 32780		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZENNER, DAVID 145 WINDSONG WAY TITUSVILLE FL 32780 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jerry Messick ☐ Change ☒ Addition 109 Dragonfly Titusville, FL 32780		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOTT, MARGIE E 713 PLANTATION TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, ELAINE 530 TWIN LAKES TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALKMAN, SUSAN 741 BAY TREE TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 lines empowered.

SIGNATURE: Margie E. Lott Margie E. Lott 321-267-9627