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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001968 (6)

1. Corporation Name

GENESIS OUTREACH MINISTRY, INC.



Principal Place of Business

Mailing Address

**409 N WAUKESHA ST
BONIFAY FL 32425**

**PO BOX 1274
BONIFAY FL 32425**

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

02/23/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODWARD, D L "WOODY"
102 S WAUKESHA ST
BONIFAY FL 32425**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **CHUMLEY, JERRY R**
STREET ADDRESS **611 N VARNER ST**
CITY-STATE-ZIP **BONIFAY FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Rey Noriega**
STREET ADDRESS **Rt. 3 Box 128**
CITY-STATE-ZIP **Westville, Fl 32464**

TITLE **VPD** ☐ DELETE
NAME **ANDERSON, MILES**
STREET ADDRESS **RT 3 BOX 1566**
CITY-STATE-ZIP **BONIFAY FL**

TITLE **SD** ☒ Change ☐ Addition
NAME **Barbara Anderson**
STREET ADDRESS **Rt. 3 Box 1566**
CITY-STATE-ZIP **Bonifay, Fl 32425**

TITLE **RECEIVING, DAY R** ☒ DELETE
STREET ADDRESS **105 N TRACY**
CITY-STATE-ZIP **BONIFAY FL**

TITLE **TD** ☐ DELETE
NAME **HODAY, IRIS**
STREET ADDRESS **RT 3 BOX 1442**
CITY-STATE-ZIP **BONIFAY F**

TITLE **TD** ☐ DELETE
NAME **HODAY, IRIS**
STREET ADDRESS **RT 3 BOX 1442**
CITY-STATE-ZIP **BONIFAY F**

TITLE **TD** ☐ DELETE
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NAME **HODAY, IRIS**
STREET ADDRESS **RT 3 BOX 1442**
CITY-STATE-ZIP **BONIFAY F**

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)(k), 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:

Iris Hodges - Iris Hodges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 904-547-3651
Date Daytime Phone #

CR2E037 (12/95)