

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001968 (6)**

1. Corporation Name

**GENESIS OUTREACH MINISTRY, INC.**



Principal Place of Business	Mailing Address
<b>409 N Waukesha St Bonifay FL 32425</b>	<b>PO BOX 1274 Bonifay FL 32425-1274</b>

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/18/1994</b>	3a. Date of Last Report <b>02/05/1996</b>
21		26		4. FEI Number <b>59-3246313</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	
<b>WOODWARD, D L "WOODY"</b>		81 Name	
<b>102 S WAUKESHA ST</b>		82 Street Address (P.O. Box Number is Not Acceptable)	
<b>BONIFAY FL 32425</b>		83	
		84 City	
		<b>FL</b> 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 *D. L. Woody* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>Noriega, Rey PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORIEGA, REY</b>	1.2 NAME	<b>Rt 3, Box 128</b>
STREET ADDRESS	<b>RT. 3 BOX 128</b>	1.3 STREET ADDRESS	<b>Westville, FL 32464</b>
CITY - ST - ZIP	<b>WESTVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Randy Woodham VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANDERSON, MILES</b>	2.2 NAME	<b>309 E. Virginia Ave.</b>
STREET ADDRESS	<b>RT 3 BOX 1566</b>	2.3 STREET ADDRESS	<b>Bonifay, FL 32425</b>
CITY - ST - ZIP	<b>BONIFAY FL</b>	2.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Paula Woodward SD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, BARBARA</b>	3.2 NAME	<b>102 S. Waukesha St</b>
STREET ADDRESS	<b>RT. 3 BOX 1566</b>	3.3 STREET ADDRESS	<b>Bonifay, FL 32425</b>
CITY - ST - ZIP	<b>BONIFAY FL</b>	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<b>HODGE, IRIS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HODAY, IRIS</b>	4.2 NAME	<b>Rt 3, Box 1442</b>
STREET ADDRESS	<b>RT 3 BOX 1442</b>	4.3 STREET ADDRESS	<b>Bonifay, FL 32425</b>
CITY - ST - ZIP	<b>BONIFAY F</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Hodge* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1/27/97 904-347-3651** Date Daytime Phone #0000933

CR2E037 (9/96)