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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001968 (6)**

1. Corporation Name

GENESIS OUTREACH MINISTRY, INC.

Principal Place of Business

**409 N WAUKESHA ST
BONIFAY FL 32425**

Mailing Address

**PO BOX 1274
BONIFAY FL 32425**

3. Date Incorporated or Qualified

04/18/1994

4. FEI Number

59-3246313

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

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 **D. L. "Woody" Woodward, Director**

1-21-98

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 **T** ☒ DELETE

NAME **NORIEGA, REY**
STREET ADDRESS **RT. 3 BOX 128**
CITY-ST-ZIP **WESTVILLE FL**

TITLE **TVPD** ☒ DELETE

NAME **WOODHAM, RANDY**
STREET ADDRESS **209 E VIRGINIA AVE**
CITY-ST-ZIP **BONIFAY FL**

TITLE **TSD** ☒ DELETE

NAME **WOODWARD, PAULA**
STREET ADDRESS **102 S WAUKESHA ST**
CITY-ST-ZIP **BONIFAY FL**

TITLE **T** ☒ DELETE

NAME **HODGE, IRIS**
STREET ADDRESS **RT 3 BOX 1442**
CITY-ST-ZIP **BONIFAY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T ☒ Change ☐ Addition

Ramsaran, George
RR 1 Box 320
Westville FL 32464

TVPD ☒ Change ☐ Addition

Smith, Broadus
RR 4 Box 141
Bonifay FL 32425

TSD ☒ Change ☐ Addition

Ditto, Russell
RR 3 Box 350
Bonifay, FL 32425

T ☒ Change ☐ Addition

Clem, Fred
402 E North Ave
Bonifay FL 32425

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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: **D. L. "Woody" Woodward** **1-21-98** (850) 547-5170

CR2E037 (10/97)