

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90009 044 ****70.00

DOCUMENT # N94000001968

1. Entity Name

GENESIS OUTREACH MINISTRY, INC.



Principal Place of Business

409 N WAUKESHA ST
BONIFAY FL 32425

Mailing Address

PO BOX 1274
BONIFAY FL 32425

94008851



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3246313

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, D L "WOODY"
551 SPRUCE RD
GRACEVILLE FL 32440

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

D. L. "Woody" Woodward, D. L. "Woody" Woodward 1-26-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	TVPD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, BROADUS	
STREET ADDRESS	RR 4 BOX 141	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	DITTO, RUSSELL	
STREET ADDRESS	RR 3, BOX 350	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, LAWRENCE	
STREET ADDRESS	207 E VIRGINIA AVE, P.O. BOX 477	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	T	<input type="checkbox"/> Delete
NAME	TREADWELL, BRUCE	
STREET ADDRESS	3346 1ST AVE SOUTH	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 like empowered.

SIGNATURE:

D. L. "Woody" Woodward, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-04 (850)547-5170