

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90016 035 \*\*\*\*61.25

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

WOODWARD, D L "WOODY"  
307 E PENNSYLVANIA AVE  
BONIFAY FL 32425

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

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, 2006**

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	TSD	<input type="checkbox"/> Delete
NAME	DITTO, RUSSELL	
STREET ADDRESS	RR 3, BOX 350	
CITY - ST - ZIP	BONIFAY FL 32425	

TITLE	T	<input checked="" 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		

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
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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 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 like empowered.

SIGNATURE: