2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State
03-08-2007 90018 011 ****61.25

DOCUMENT # N94000001968

1. Entity Name

GENESIS OUTREACH MINISTRY, INC.

Principal Place of Business	Mailing Address
409 N WAUKESHA ST BONIFAY FL 32425	PO BOX 1274 BONIFAY FL 32425

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
GENESIS OUTREACH MIN	PO BOX 1274
Suite, Apt. #, etc.: 409 N WAUKESHA ST	Suite, Apt. #, etc.
City & State: BONIFAY FL	City & State: BONIFAY FL
Zip: 32425 / Country: Holmes	Zip: 32425 / Country: Holmes

1st MOORE CR2E037 (10/06)

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 DELETE	Name: RUSSELL DITTO Street Address (P.O. Box Number is Not Acceptable): 1482 GOODWIN CIRCLE BONIFAY FL 32425 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: RUSSELL DITTO Russell Ditto — 3-15-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	TSD DITTO, RUSSELL RR 3, BOX 350 BONIFAY FL 32425 ☑ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREADWELL, BRUCE 3346 1ST AVE SOUTH BONIFAY FL 32425 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

$50

SIGNATURE: RUSSELL DITTO Russell Ditto — 3-15-07 — 547-4999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #