

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90150 007 \*\*\*\*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

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"  
551 SPRUCE RD  
GRACEVILLE FL 32440**

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* 1-9-03

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**

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

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

CR2E037 (10/02)

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*

1-9-03

(850) 547-5170