FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N95000002265 (5)

1. Corporation Name

G.A.P. OUTREACH CHURCH, INC.



Principal Place of Business		Mailing Address		T HE DESIGN ON THE PROPERTY DESIGNATION OF THE PROPERTY OF THE	
3513 GRIFFIN RD		3513 GRIFFIN RD			
FT LAUDERD	ALE FL 33312	FT LAUDERDALE FL 333	912		
				3. Date incorporated or Qualified 05/08/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 518	4 SW 27 ERR	26 💋 🖊 ()	BOX 7087	65-05767	20 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			. , , , , , , , , , , , , , , , , , , ,	5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State City & State City & State City & State			· · Fl	6. Election Campaign Financing	\$5.00 May Be
23 / / 0	Country	70 CC4 WO	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24 33	312 25 BROWNE	10 29 3308/	30 BROWARD] Yes DNo
	9. Name and Address of Currer		<u> </u>	10. Name and Address of New Re	gistered Agent
			81 Name c-	Davids R D	or . 1411
DENNIS	, DONALD R		82 Street Add	ress (P.O. Box Number is Not Acceptable	3 NN 5
3513 GRIFFIN RD				184 SW 27 TEA	· •
FT LAUDERDALE FL 33312				8	
			84 City	£	es Zin Codo
*			84 City	LANDERDALE	FL 85 Zip Code 3 7 3 / 2
;11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the above-named corpo	ration submits this statement for the purp	ose of changing its registered office
or registeri familiar wit	ed agent, or both, in the State of Flori th, and accept the boligations of, Sect	da. Suc r change was authorize ien 677.0503, Florida Statutes.	d by the corporation's boa	ard of directors. I hereby accept the appo	ntment as registereo agent. I am
SIGNATURE	1 Jack	6/2		3.20-9	6
	Signature, typed or printed name of registered agen	and the frapplicable (NOT	E: Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
AILTÉ	D	DELETE	1.1 TITLE		Change Addition
NAME	DENNIS, DONALD R		1 2 NAME		
STREET ADDRESS	5184 SW 27TH TER		13 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		14 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2 1 TITLE		Change Addition
NAME	Robinson, Caldwell		2 2 NAME		ø
STREET ADDRESS	2600 N FLAGLER DR		2 3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 334)7	2 4 CITY - ST - ZIP		
TITLE	D	DELETE	31 TITLE F		Change Addition
NAME	CUSHING, THOMAS G		3.2 NAME		
STREET ADDRESS	214 LIST RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4 1 TITLE		Change Addition
NAME	MAASS, MICHAEL		4. 2 NAME		
STREET ADDRESS	249 QUEENS LN		4.3 STREET ADDRESS		
C(TY-ST-ZIP	PALM BEACH FL 33480	- 	4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE	30000177 -04/12/96010	'8849nge □ Addition
NAME			6 2 NAME	-04/12/96010	32019
STREET ADDRESS			6.3 STREET ADDRESS	***122.50	11-12-0
CITY-ST-ZIP			6.4 CITY - ST - ZIP		1b
14. I do hereb	by certify that the information supplied	with this filing is voluntarily furnis	shed and does not qualify	for the exemption stated in Section 119.0 ate and that my signature shall have the s	07(3)(k), Florida Statutes. I further

certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as in made under oath; that I am an officer or office

SIGNATURE:

DENNIS

964-9916

Daytime Phone #