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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002265 (5)**

1. Corporation Name

G.A.P. OUTREACH CHURCH, INC.

Principal Place of Business

**5184 SW 27TH TERRACE
FT LAUDERDALE FL 33312**

Mailing Address

**P.O. BOX 7087
HOLLYWOOD FL 33081**



2. Principal Place of Business

21 P.O.B. 1497

2a. Mailing Address

28 P.O. Box 1497

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

04/12/1996

4. FEI Number

65-0576720

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DENNIS, DONALD R
5184 SW 27TH TERRACE
FT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D DENNIS, DONALD R**
STREET ADDRESS **5184 SW 27TH TER**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☐ DELETE
NAME **D ROBINSON, CALDWELL**
STREET ADDRESS **2800 N FLAGLER DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ DELETE
NAME **D CUSHING, THOMAS G**
STREET ADDRESS **214 1ST RD**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☒ DELETE
NAME **D MAASS, MICHAEL**
STREET ADDRESS **249 QUEENS LN**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D DENNIS, DONALD R**
1.3 STREET ADDRESS **5184 SW 27TH TER**
1.4 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D ROBINSON, CALDWELL**
2.3 STREET ADDRESS **2800 N. FLAGLER DR**
2.4 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **D CUSHING, THOMAS G**
3.3 STREET ADDRESS **214 1ST RD**
3.4 CITY-ST-ZIP **PALM BEACH FL 33480**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D ANDREW SMITH**
4.3 STREET ADDRESS **249 ROYAL PALM WAY, #2400**
4.4 CITY-ST-ZIP **PALM BEACH FL 33480**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CALDWELL ROBINSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/97

Daytime Phone #

561 833-8050

CP2E037 (9/96)