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**Secretary of State** 

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N95000002265

1. Corporation Name

G.A.P. OUTREACH CHURCH, INC.

Principal Pla	ce of Business	Mailing Address	· · · · · ·	<u> </u>			
P.O. BOX 149	97	P.O. BOX 1497			) (AB)((A) (A) (A) (A) (A) (A) (A) (A) (A) (A		INDE BUIL FARI
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3		3401					
US		US			1 100 151 101 0 10 10 10 10 10 10 10 10 10 10 10	HINS MONSO SERIO ESDAD O	ic <b>a</b> c <b>a</b> cut c <b>a</b> ac
2 5		2a. Mailing Address			2. Data leasemented as Ovelified		
— '	Place of Business	— — — — — — — — — — — — — — — — — — —			3. Date Incorporated or Qualifed 05/08/1995	.:	
21		26			4. FEI Number		- 11 11 F
Suite, Apt	i. #, eic.	Suite, Apt. #, etc.			<b>65-0576720</b>		plied For
22		City & State			00 0070720		t Applicable
City & Sta	ne	— ·			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re	
23) Zip	Country	28	Country	,	6 Classic Constitution	-	<del> </del>
<b>—</b>	_ ′		30	•	Election Campaign Financing     Trust Fund Contribution	\$5.00 Added to	•
24	25 9. Name and Address of Curre		30		10. Name and Address of New Registe		o rees
	Italie and Address of Curre	ur izeAisteien vilaiit	81	Name	Hanne enio vocatess oi Heat Valiste	. ou riguilt	•
DENNIS, DONALD R			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
5184 SW 27TH TERRACE			83	-	· · · · · · · · · · · · · · · · · · ·	•	
FT LAUD	ERDALE FL 33312		0.5				,
			84	City		85 Zip C	Code
				<u> </u>		FL "	
11. Pursuan office or	t to the provisions of Sections 617.05 registered agent, or both, in the State	ປ2 and 617.1508, Florida Statute ອ of Florida. Such change was au	es, the above athorized by	e-named cor the corporat	poration submits this statement for the purpos iion's board of directors. I hereby accept the a	e of changing its ppointment as rec	registerea gistered
agent. I	am familiar with, and accept the oblig	ations of, Section 617.0503, Flori	ida Statutes				-
SIGNATURE	<u> </u>						
12,	Signature, typed or printed name of registered age		Registered Ager	nt signature requir	red when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS		00 111 10
TITLE		ND DIRECTORS	13.				
	DENNIC DONALD D	I I DELETE	4 4 TITLE		ADDITIONS/CHANGES TO OFFICERS		
NAME	DENNIS, DONALD R	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
STREET ADDRESS	TARA OLIV ATTIL TER	☐ DELETE	1.2 NAME		ADDITIONS/CHANGES TO OFFICERS		
CITY-ST-ZIP		LI DELETE	1.2 NAME 1.3 STREE	TADORESS	ADDITIONS/CHANGES TO OFFICERS		
	FT LAUDERDALE FL		1.2 NAME 1.3 STREE 1.4 CITY-S		ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	FT LAUDERDALE FL D	☐ DELETE	1.2 NAME 1.3 STREE		ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME	FT LAUDERDALE FL D ROBINSON, CALDWELL		1.2 NAME 1.3 STREE 1.4 CITY-S		ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
	FT LAUDERDALE FL D ROBINSON, CALDWELL S 2600 N FLAGLER DR		1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	T-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
NAME	FT LAUDERDALE FL D ROBINSON, CALDWELL	DELETE	1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	☐ Addition
NAME STREET ADDRESS	FT LAUDERDALE FL  D  ROBINSON, CALDWELL  2600 N FLAGLER DR  WEST PALM BEACH FL  D		1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
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14. 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 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 error an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

**SIGNATURE:** 

NAME

STREET ADDRESS

AND THE SECURED AND OFFICER OF DIRECTOR

31/19 9 833.805.
Date Daytime Phone #