2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P.O. BOX 1497

DOCUMENT # N95000002265

Entity Name

P.O. BOX 1497

Principal Place of Business

SIGNATURE:

G.A.P. OUTREACH CHURCH, INC.

WEST PALM BEACH FL 33401 US			WEST PALM BEACH FL 33402-1497 US								
O Directoral D	New of Decision		2 Maille Addus								
2. Principal Place of Business			3. Mailing Address				4 100/1101 410 10/0/ 0/111 40/11 10				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4	4. FEI Number 65-0576720 Applied For Not Applied				1
Zip Country			Zip33402 Co.		ıntry		6. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name	and Address of Current R				7	. Name and Address of New	Registered Ac	jent		1
	ੌ ਚ			Name						-	
DENNIC F				Street Address (P.O. Box Number is Not Acceptable)							
	Donald R 27th Terra	/CE									
	RDALE FL 3										l
77 2 1002		,			City			FL	Zip Cod	е	ĺ
8. The above	named entity	submits this statement for	the purpose of changing its	register	Led office or red	aistered :	agent, or both, in the state of F	lorida.	<u> </u>		i
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.											
		•									Ì
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE											
	Signature, typed t	or printed name of registered agent ar	io tue ir applicable. (NOTI	E. Registere	a Agent signature r	required wire	miensaung)	DAIL		· <u> </u>	
										_	Ì
FILE NOW:			Election Campaign Trust Fund Contribution	· – •		5.00 May Be Make Check Payable to ded to Fees Department of State)	ļ	
	FEE IS	\$61.25	, rest rand commo	011011	_ ,	AUUBU IO	Tees D	epariment ()i State		
10.		OFFICERS AND DIRE	CTORS	11.		ÄDD	DITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN	I 10	1
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NAME	SMITH, AN	DREW	•	NAM	-1	DUCI	ang Howland Contral Exp.	n vesture	101519	21	
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indicated of the cor	on this report poration or the	or supplemental report is to receiver of trustee empor	his filing does not qualify for rue and accurate and that n vered to execute this report th all other like empowered.	ny signa as requi	mption stated ture shall have red by Chapte	e the sam er 617, Fl	on 119.07(3)(i), Florida Statutes ne legal effect as if made unde lorida Statutes; and that my nar	s. I further certif r oath; that I an me appears in	y that the in an officer Block 10 of	or director r Block 11 if	

FILED May 23, 2000 8:00 am Secretary of State

05-23-2000 90253 030 ****61.25