

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002265

1. Entity Name

G.A.P. OUTREACH CHURCH, INC.

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

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

Principal Place of Business P.O. BOX 1497 WEST PALM BEACH FL 33401 US	Mailing Address P.O. BOX 1497 WEST PALM BEACH FL 33402-1497 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country
Country	Zip 33402



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0576720	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DENNIS, DONALD R 5184 SW 27TH TERRACE FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D DENNIS, DONALD R 5184 SW 27TH TER FT LAUDERDALE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D ROBINSON, CALDWELL 2600 N FLAGLER DR WEST PALM BEACH FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D CUSHING, THOMAS G 214 LIST RD PALM BEACH FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D SMITH, ANDREW 249 ROYAL PALM WAY, STE. 400 PALM BEACH FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SMITH, ROBERTSON	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REV. WARNER BURTIN 426 FORESTRIA DRIVE LAKE PARK, FL 33403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STEVE BENNING 5720 LAKESIDE DRIVE (69) MARGATE, FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D DULANY HOWLAND 6116 N. CENTRAL EXPRESSWAY (58) DALLAS, TX 75206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
JANE ROBINSON 2600 N. FLAGLER DRIVE WEST PALM BEACH, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/25/00	Daytime Phone # 561 833-5450
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CR2E037 (9/99)