
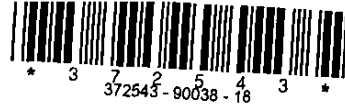


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Mar 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001963					
1. Corporation Name Greater Faith Temple Outreach Ministry Inc					
Principal Place of Business 15096 N.W. Old Hwy 441 #3 Reddick, FL 32686			Mailing Address 14909 N.W. Gainesville Rd Reddick, Florida 32686		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 14909 N.W. GAINESVILLE RD Suite, Apt. #, etc. 27 City & State 28 REDDICK, FL Zip Country 29 32686 30 US		3. Date Incorporated or Qualified APRIL 6, 1998 4. FEI Number 59-3503341 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent Clifton Holder 15660 N.W. 47th Ct Reddick, Florida 32686				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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	ACTING M
NAME	CLIFTON Lee Holder	1.2 NAME	Ella Mae Thompson
STREET ADDRESS	15660 N.W. 47th Ct.	1.3 STREET ADDRESS	1460 N.W. 42nd Terr
CITY-ST-ZIP	Reddick, Florida 32686	1.4 CITY-ST-ZIP	Reddick, Florida 32686
TITLE	P/D	2.1 TITLE	C
NAME	Rita Holder	2.2 NAME	CRAY J. STAFFORD JR.
STREET ADDRESS	15660 N.W. 47th Ct	2.3 STREET ADDRESS	14909 N.W. GAINESVILLE RD.
CITY-ST-ZIP	Reddick, FL 32686	2.4 CITY-ST-ZIP	REDDICK, FL. 32686
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clifton Holder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

(352) 591-0408

Date

Daytime Phone

CR2E037-(11/98)