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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003088					
1. Corporation Name EBERNEZER OUTREACH MINISTRIES ASSEMBLIES OF GOD, INC.					
Principal Place of Business 530 WYNEHURST STREET PENSACOLA FL 32503			Mailing Address P.O. BOX 8373 PENSACOLA FL 32505		



2. Principal Place of Business 1 GONZALES CENTER Suite, Apt. #, etc. 2 PENSACOLA, FLORIDA City & State 3 32505 U.S.A Zip Country		2a. Mailing Address 2b P.O. Box 8373 Suite, Apt. #, etc. 27 PENSACOLA, FLORIDA City & State 28 32505 U.S.A Zip Country		3. Date incorporated or Qualified 05/28/1998 4. FEI Number 59-3538422 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		7. Trust Fund Contribution ☐	
9. Name and Address of Current Registered Agent O'NEIL, PATRICK REV 5534 SUN VALLEY DRIVE PENSACOLA FL 32505			10. Name and Address of New Registered Agent 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 65 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 retitling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SECRETARY ☒ DELETE	1.1 TITLE	Beverly Lockett ☐ Change ☒ Addition
NAME	SHARLENE JOHNSON	1.2 NAME	2905 Bent Oak Rd. 32526
STREET ADDRESS	BAARS STREET	1.3 STREET ADDRESS	PENSACOLA, FL (850-453-7673)
CITY-ST-ZIP	PENSACOLA, Florida, 32505	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	Christine O'Neil ☐ Change ☒ Addition
NAME		2.2 NAME	5843 SANDERS ST.
STREET ADDRESS		2.3 STREET ADDRESS	PENSACOLA, FL 32504
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	Rev. Patrick O'Neil ☐ Change ☒ Addition
NAME		3.2 NAME	P.O. Box 8373
STREET ADDRESS		3.3 STREET ADDRESS	PENSACOLA, FL 32505
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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 registrar 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:

8/5/99
850-8832
 Signature and typed or printed name of registered officer or director
FOR PRESIDENT

CR2E037 (5/89)