FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800004700

GODSOLDIERS OUTREACH CENTER, EVANGELISTIC ASSOCI ATION AND CHURCHES WORLDWIDE, INC.

Principal Place of Busin
7476 GROVEOAK DRIVE
ORLANDO FL 32810

Mailing Address

7476 GROVEOAK DRIVE ORLANDO FL 32810

FILED Apr 30, 1999 8:00 am Secretary of State

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	. "				
2. Principal P	lace of Business	2a. Mailing Address	680317	3. Date Incorporated or Qualifed 08/12/1998	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
72	-	27		59-3384245	Not Applicable
City & Stat		City & State			\$8.75-Additional
23	· _ · _	28 PRLANDO.	t LOKIDA	Certificate of Status Desired	Fee Required
Zip	Country	29 32868 30	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	9. Name and Address of Current f		<u> </u>	10. Name and Address of New Registered Ag-	
	5. Name and Address of Current.	registored Agent	81 Name		Na.
VOLUMO 4	MOUAEL D			11	
	OUNG, MICHAEL D 82 Street Addres 476 GROVEOAK DRIVE			ddress (P.O. Box Number is Not Acceptable)	
			83		<u>-</u>
UHLANUU) FL 32810			<u> </u>	
			84 City	FI	85 Zip Code
office or r agent. I a	to the provisions of Sections \$17,0502 are gistered agent, or both, in the State of am familiar with, and accept the dotter.	and 617.1508, Florida Statutes, the Florida Such Change was author of 5.0503, Florida Such Change (Control of Such Change)	he above-named or rized by the corpora Statutes.	orporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointment of the purpose of chation's board of directors.	anging its registered nent as registered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Regis	stered Agent signature req	uired when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D ()	☐ DELETE	1.1 TITLE	D	Change Addition
NAME	YOUNG, MICHAEL D	12 NAME		KWAKU A. TENAH 3608 NW 22rd Place	•
STREET ADDRESS	SSS 7476 GROVEOAK DRIVE 1.3 STREET ADDRESS 3G		3608 NW ZUTTIACE		
CITY-ST-ZIP	ORLANDO FL 32810	1 -	1.4 CITY- \$T-ZIP	Gainesville, FL 32605	
TITLE	D	☐ DELETE	2.1 TITLE	D	Change
NAME	YOUNG, FRED DOUGLAS III	.	2.2 NAME	ACKSON, BYRON TREVOR	County
STREET ADDRESS	113 ESCALONA AVENUE		2.3 STREET ADDRESS	327-4 UNIVERSITY VILLAGE	: 500 111
CITY-ST-ZIP	PENSACOLA FL 32503	i i	2. 4 CITY-ST-ZIP	Gainesville, FL 32603	
·TITLE:	0	DELETE 7	3.1 TITLE		Change Addition
NAME	JACKSON, BYRON TREVOR	7	3.2 NAME		
STREET ADDRESS	278 CORRY VILLAGE, APT. 1	1:	3.3 STREET ADDRESS	•	
CITY-ST-ZIP	GAINESVILLE FL 32603		3.4. CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE 4	4.1 TITLE		Change Addition
NAME	\		4. 2 NAME		
STREET ADDRESS		1.	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>	
TITLE		_	5.1 TITLE	` [Change Addition
NAME	l l		5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
C/TY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		- Descrip	6.1 TITLE		Change Addition
NAME			6.2 NAME	•	
STREET ADDRESS	,	† '	6.3 STREET ADDRESS		
CITY-ST-7IP	1 .		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 suppliemental 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 preceiver 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 from a parachment with an address, with all other like empowered.

SIGNATURE: