2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 13, 2006

DOCUMENT# N98000004700 Secretary of State Entity Name: GODSOLDIERS OUTREACH CENTER, EVANGELISTIC ASSOCIATION AND CHURCHES WORLDWIDE, **Current Principal Place of Business: New Principal Place of Business:** 12321 UNIVERSITY BLVD ORLANDO, FL 32817 **Current Mailing Address: New Mailing Address:** P.O. BOX 680917 ORLANDO, FL 32868 US FEI Number: 59-3384245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YOUNG, MICHAEL D 7476 GROVEOAK DRIVE ORLANDO, FL 32810 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition YOUNG, MICHAEL D Name: Name: Address: 7476 GROVEOAK DRIVE Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: () Delete Title: () Change () Addition YOUNG, FRED DOUGLAS III Name: Name: Address: 114 WARWICK AVENUE Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: Title: () Delete Title: () Change () Addition JACKSON, BYRON TREVOR Name: Name: 7956 HAWK CREST LANE Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TENAH, KWAKU A Name: 3608 NW 22ND PL Address: Address: City-St-Zip: GAINSVILLE, FL 32605 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL YOUNG D 05/13/2006

() Delete

7244 GRAY SHADOW COURT

COLLER SR., FRED

ORLANDO, FL 32818

Title:

Name:

Address: City-St-Zip: () Change () Addition