

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90068 021 ****70.00



DOCUMENT # N99000002965

1. Entity Name

MOVING FOR THE LORD OUTREACH CHURCH OF GOD, INC.

Principal Place of Business

513 ODESSA STREET
JACKSONVILLE FL 32206

Mailing Address

P.O. BOX 28423
JACKSONVILLE FL 32226-8078



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3576062

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIFFIN, GILDA LEE REV
1384 MARSH HEN DR.
JACKSONVILLE FL 32218**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	GRIFFIN, GILDA L REV.	
STREET ADDRESS	1384 MARSH HEN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

TITLE	TT	<input type="checkbox"/> Delete
NAME	DAVIS, SHARON L	
STREET ADDRESS	1147 HOMARD BLVD. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

TITLE	ST	<input type="checkbox"/> Delete
NAME	BROWN, DARLENE	
STREET ADDRESS	1205 N. TURTLE CREEK DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

TITLE	TT	<input type="checkbox"/> Delete
NAME	GIBBS-BROWN, LATONYA Y	
STREET ADDRESS	2576 SUNRISE RIDGE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, Sharon L	
STREET ADDRESS	6100 ARLINGTON EXPRESSWAY #M205	
CITY-ST-ZIP	JACKSONVILLE, FL. 32211	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS-BROWN, Latonya Y.	
STREET ADDRESS	3333 Monument Rd #1103	
CITY-ST-ZIP	JACKSONVILLE, FL. 32225	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Rev Gilda Lee Griffin*

4/30/2006 904 751-5933