

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90041 017 ****70.00

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1. Entity Name

GOSPEL FELLOWSHIP OUTREACH WORSHIP CENTER,
WORLDWIDE MINISTRIES, INC.



Principal Place of Business

13524 WEST HIGHWAY 328
OCALA FL 34481

Mailing Address

P.O. BOX 5544
OCALA FL 34478-5548
US

2. Principal Place of Business

13515 SW 1st Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

Zip Country
34482 USA

Zip

Country

4. FEI Number

59-3614631

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PSD
NAME ASKEW, JEFFREY ☐ Delete
STREET ADDRESS 1838 SOUTHEAST 8TH AVENUE
CITY-ST-ZIP Ocala FL 34471

TITLE VTD
NAME ASKEW, LAVERNE ☐ Delete
STREET ADDRESS 1838 SOUTHEAST 8TH AVENUE
CITY-ST-ZIP Ocala FL 34471

TITLE D
NAME EDWARDS, JAMES ☒ Delete
STREET ADDRESS 14039 RIDGEWICK DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Alexandria Askew
STREET ADDRESS 1838 S.E. 8TH Ave.
CITY-ST-ZIP Ocala, Fla. 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2004 352 6202882
Date Daytime Phone #