

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

\$ 70.00

FILED

Feb 16, 2005 08:00 AM  
Secretary of State

DOCUMENT # N99000007574

1. Entity Name

GOSPEL FELLOWSHIP OUTREACH WORSHIP CENTER,  
WORLDWIDE MINISTRIES, INC.



Principal Place of Business

13515 SW 1ST LANE  
OCALA FL 34482

Mailing Address

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

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 (10/04)

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

7. Name and Address of New Registered Agent

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

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, 2005

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  
STREET ADDRESS 1838 SOUTHEAST 8TH AVENUE  
CITY- ST- ZIP Ocala FL 34471 ☐ Delete

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

TITLE D  
NAME ASKEW, ALEXANDRIA  
STREET ADDRESS 1838 S.E. 8TH AVE.  
CITY- ST- ZIP Ocala FL 34471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition  
U000000231898  
02/16/05-80051-008 70.00

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

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2005 Director  
Date Daytime Phone #