2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 04, 2008 08:00 Al DOCUMENT # N99000007574 **Secretary of State** 1. Entity Name GOSPEL FELLOWSHIP OUTREACH WORSHIP CENTER. WORLDWIDE MINISTRIES, INC. Principal Place of Business Mailing Address 13515 SW 1ST LANE P.O. BOX 5544 **OCALA FL 34482** OCALA FL 34478-5544 2. Principal Place of Business - No. P.Q. Box # 3. Mailing Address 3515 SW 1st lane BOX5544 0 Suite, Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Nurnber Applied For Ocala, PL 59-3614631 Ocala Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 1SAFee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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 the Tincol cable. (NOTE: Registered Agent signature recurred when reinstating) FILE NOW: FEE IS \$61.25 Due By May 1, 2008 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 2141 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition ASKEW, JEFFREY NAME NAME 000000847491 1838 SOUTHEAST 8TH AVENUE STREET ADDRESS STREET ADDRESS 03/19/08-80022-003 70.00 OCALA FL 34471 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition ASKEW, LAVERNE NAME NAME 1838 SOUTHEAST 8TH AVENUE STREET ADDRESS STREET ADDRESS **OCALA FL 34471** CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change C Addition ASKEW, ALEXANDRIA NAME 1838 S.E. 8TH AVE. STREET ADDRESS STREET ADDRESS OCALA FL 34471 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME AALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TOTLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADOPESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete ПЦ ☐ Change Addition NAME NAME STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 outri; that I am an officer or 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

LAVERDE ASKELL) 3/3/08 NM 352620-2882

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FILED

Cell 352-843-8858