

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008621

Entity Name: GOD'S ANOINTED OUTREACH MINISTRY, INC.**Current Principal Place of Business:**3380 NE JACKSONVILLE RD
OCALA, FL 34479**Current Mailing Address:**P.O. BOX 763
OCALA, FL 34478**FEI Number:** 01-0931154**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COOK, ALMA M
5259 NW 60TH TERRACE
OCALA, FL 34482 US*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**Officer/Director Detail :**

Title	PD
Name	COOK, ALMA M
Address	5259 NW 60TH TERRACE
City-State-Zip:	OCALA FL 34482

Title	SD
Name	EVANS, SHARON
Address	4163 NW 87TH STREET
City-State-Zip:	OCALA FL 34482

Title	D
Name	ROBINSON, LETITIA
Address	30 BANYAN CRSE UNIT # 1
City-State-Zip:	OCALA FL 34472

Title	VPD, TD
Name	HOLT, ALISON C
Address	6765 NW 14TH AVENUE
City-State-Zip:	OCALA FL 34475

Title	TD
Name	LESTER, JACQUELYN
Address	2227 NW 1TH AVENUE
City-State-Zip:	OCALA FL 34475

Title	D
Name	THOMAS, MATTIE
Address	5101 SW 60TH ST. RD.
City-State-Zip:	OCALA FL 34474

I hereby 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 all other like empowered.

SIGNATURE: ALMA M COOK

PD

04/10/2018

Electronic Signature of Signing Officer/Director Detail_____
Date