2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2016
Secretary of State
CC5860432535

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Entity Name: GUYANA MISSON OUTREACH PROGRAM, INC.

Current Principal Place of Business:

5038 SW 114TH STREET ROAD
OCALA, FL 34476

Current Mailing Address:

PO BOX 771504
OCALA, FL 34477-1504 US

FEI Number: 45-2751444

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUCE, ALBERT M
5038 SW 114TH STREET ROAD
OCALA, FL 34476 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	PRESIDENT
Name	BRUCE, ALBERT M
Address	5038 SW 114TH STREET ROAD
City-State-Zip:	OCALA FL 34476

Title	VP / TREASURER
Name	FOSTER, RANSFORD
Address	6861 SW 146 LANE ROAD
City-State-Zip:	OCALA FL 34473

Title	ADVISOR
Name	LEWIS, LEONARD C
Address	676 EAST 23RD STREET
City-State-Zip:	BROOKLYN NY 11210

Title	SOCIAL MEDIA ADMINISTRATOR
Name	MERRIMAN, TAMARA L
Address	5151 E STOKES FERRY ROAD
City-State-Zip:	HERNANDO FL 34442

Title	SECRETARY
Name	DANIELS, KENNETH I
Address	740 EAST 178TH STREET APT 14J
City-State-Zip:	BRONX NY 10457

Title	ADVISOR
Name	MCLEAN, AUDLEY
Address	8830F 94TH STREET
City-State-Zip:	OCALA FL 34481

Title	DONOR RELATIONS ADMINISTRATOR
Name	BRUCE, MELVA V
Address	318 OVERBROOK RD.
City-State-Zip:	PISCATAWAY NJ 08854

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: ALBERT M BRUCE PRESIDENT 01/31/2016

Electronic Signature of Signing Officer/Director Detail — Date