

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 21, 2005
Secretary of State

DOCUMENT# N00000005809

Entity Name: STEP IN FAITH OUTREACH CHURCH INC.**Current Principal Place of Business:**2920 HIGHLAND LK DR
DELTONA, FL 32738**New Principal Place of Business:****Current Mailing Address:**P.O.BOX 390564
DELTONA, FL 32738**New Mailing Address:****FEI Number:** 31-1768346**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAMOS, WILFREDO
2920 HIGHLAND LK DR
DELTONA, FL 32738 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: RAMOS, WILFREDO
Address: 2920 HIGHLAND LK DR
City-St-Zip: DELTONA, FL 32738**Title:** D () Delete
Name: RAMOS, DELIA M
Address: 2920 HIGHLAND LK DR
City-St-Zip: DELTONA, FL 32738**Title:** S () Delete
Name: LUGO, IRMA
Address: 101 SUNBRICK
City-St-Zip: DELTONA, FL 32725**Title:** D () Delete
Name: COLLAZO, JOSE
Address: 828 MOONSTONE DR.
City-St-Zip: DELTONA, FL 32738**Title:** D (X) Delete
Name: CRUZADO, BENITA
Address: 828 MOONSTONE DR.
City-St-Zip: DELTONA, FL 32728**Title:** D (X) Delete
Name: LUGO, JOSH
Address: 101 SUNBRICK
City-St-Zip: DELTONA, FL 32725**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: VERA, JACQUELYN
Address: 2639 JANET CT.
City-St-Zip: DELTONA, FL 32728**Title:** D (X) Change () Addition
Name: VERA, JOHN
Address: 2639 JANET CT.
City-St-Zip: DELTONA, FL 32738**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILFREDO RAMOS

P

09/21/2005

Electronic Signature of Signing Officer or Director_____
Date