

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 16, 2004
Secretary of State**

DOCUMENT# N03000005817

Entity Name: SHARON BOWENS INTERNATIONAL OUTREACH ENTERPRISES, INC.

Current Principal Place of Business:

11054 NORTH CAMPUS BOULEVARD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 28791
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 20-0077102 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOWENS, SHARON W
11054 NORTH CAMPUS BOULEVARD
JACKSONVILLE, FL 32218 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: BOWENS, SHARON W
Address: 11054 NORTH CAMPUS BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP () Delete
Name: BOWENS, DENNIS J SR.
Address: 11054 NORTH CAMPUS BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: T () Delete
Name: BOWENS, TANISHA L
Address: 344 MENDOZA AVENUE, APT. #5
City-St-Zip: CORAL CABLES, FL 33134 US

Title: S () Delete
Name: WILLIAMS, ANETTEYA D
Address: 846 CHERRY POINT WAY
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: AS () Delete
Name: BOWENS, DENNIS J JR.
Address: 11054 NORTH CAMPUS BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON W. BOWENS

P

08/16/2004

Electronic Signature of Signing Officer or Director

Date