

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90031 043 ****70.00

DOCUMENT # N16504
1. Entity Name
OUTREACH FOR CHRIST MINISTRIES INC.



Principal Place of Business: **1752-1 COUNTRY CLUB RD
LAKE CITY FL 32025
US**
Mailing Address: **1752-1 COUNTRY CLUB RD.
LAKE CITY FL 32025
US**



MOORE CR2E037 (11/03)

2. Principal Place of Business: **493 SW Legion Dr**
Suite, Apt. #, etc.
3. Mailing Address: **493 SW Legion Dr**
Suite, Apt. #, etc.

City & State: **LAKE CITY, FL**
City & State: **LAKE CITY, FL**
Zip: **32024** Country: **ARIZONA**
Zip: **32024** Country: **USA**

4. FEI Number: **59-2870342**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHURCH, FRANK T
941 WALDRON ST
LAKE CITY FL 32025**

7. Name and Address of New Registered Agent
Name: **Hugh Allen HART**
Street Address (P.O. Box Number is Not Acceptable): **493 S.W. Legion Dr**
City: **LAKE CITY** FL Zip Code: **32024**

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: *Hugh Allen Hart* **Hugh Allen HART** 2-14-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004
9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
Make Check Payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: CHURCH, FRANK STREET ADDRESS: 941 WALDRON ST CITY-ST-ZIP: LAKE CITY FL 32025	<input type="checkbox"/> Delete
TITLE: TR NAME: SMITH, GARY STREET ADDRESS: 1310 S.E. MAPLE ST. CITY-ST-ZIP: HIGH SPRINGS FL 32643	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: KILIGIAN, MARK V STREET ADDRESS: RT. 1 BOX 421 CITY-ST-ZIP: LAKE BUTLER FL 32054	<input checked="" type="checkbox"/> Delete
TITLE: TR NAME: WRIGHT, ART STREET ADDRESS: P.O. BOX 1005 CITY-ST-ZIP: HIGH SPRINGS FL 32655	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: KILIGIAN, JANET STREET ADDRESS: RT. 1 BOX 427 CITY-ST-ZIP: LAKE BUTLER FL 32054	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: FRANK Church STREET ADDRESS: 1752-1 COUNTRY CLUB RD. CITY-ST-ZIP: LAKE CITY FL 32025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TR NAME: HESTER, HARVEY STREET ADDRESS: 4549 Lowe Lake Rd. CITY-ST-ZIP: Wellborn, Fl. 32094	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: Joyce A. Hart STREET ADDRESS: 493 SW Legion Dr. CITY-ST-ZIP: LAKE CITY, FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: Hugh Allen Hart STREET ADDRESS: 493 S.W. Legion Dr. CITY-ST-ZIP: LAKE CITY FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TR NAME: Ketrina Hester STREET ADDRESS: 4549 Lowe Lake Rd. CITY-ST-ZIP: Wellborn, Fl. 32094	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TR NAME: Mike Salsgiver STREET ADDRESS: PO 731 CITY-ST-ZIP: Waldo, Fl 32694	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Church* **2-14-04** 386-961-9622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #