


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90279 037 ****70.00

DOCUMENT # N16504

1. Entity Name
OUTREACH FOR CHRIST MINISTRIES INC.



Principal Place of Business
**493 S.W. LEGION DR.
 LAKE CITY, FL 32024 US**

Mailing Address
**493 S.W. LEGION DR.
 LAKE CITY, FL 32024 US**

2. Principal Place of Business
SAME

3. Mailing Address
SAME.

Suite, Apt. #, etc.

City & State

Zip Country



04272005 Chg-NP CR2E037 (10/03)

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

**HART, HUGH A
 493 S.W. LEGION DR
 LAKE CITY, FL 32024**

7. Name and Address of New Registered Agent

Name **Frederic Frederic M. Salsgiver**

Street Address (P.O. Box Number is Not Acceptable)
12916 N.E. WALDO RD

City **GAINSVILLE** FL Zip Code **32609**

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 *Frederic M. Salsgiver* **FREDERIC M. SALSGIVER PRES 4-28-05**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	P CHURCH, FRANK 941 WALDRON ST LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HESTER, HARVEY 4549 LONE LAKE RD WELLBORN, FL 32094	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HART, JOYCE A 493 S.W. LEGION DR. LAKE CITY, FL 32024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHURCH, FRANK 1752-1 COUNTRY CLUB RD LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, HUGH A 493 S.W. LEGION DR LAKE CITY, FL 32024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HESTER, KETRINA 4549 LOWE LAKE RD. WELLBORN, FL 32094	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hugh A. HART 493 S.W. Legion Dr. LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frederic M. Salsgiver 12916 N.E. WALDO RD GAINSVILLE, FL 32609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SUSAN C. Salsgiver 12916 N.E. WALDO Rd. GAINSVILLE, FL 32609	<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 or other like empowered.

SIGNATURE *Hugh A. Hart* **Hugh A. HART 4/28/05 336-752-1115**

Signature and typed or printed name of signing officer or director Date Daytime Phone #