

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

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90015 019 ****70.00

DOCUMENT # 736539

1. Entity Name

OUT REACH MISSION FOR CHRIST, INC.



Principal Place of Business

7751 NW 4TH CT
MIAMI FL 33150
US

Mailing Address

7751 NW 4TH CT
MIAMI FL 33150
US

2. Principal Place of Business

Out Reach Mission

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Same as above

City & State

Same as above

Zip

Country

Zip

Country

4. FEI Number

59-1800125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPSON, WALTER L REV.
7821 NW 4TH CT.
MIAMI FL 33150

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Pastor Walter L. Simpson

7/30/04

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 September 8, 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 | S | <input type="checkbox"/> Delete |
| NAME | ICESON, DR. MINNIE | |
| STREET ADDRESS | 2910 NW 67TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33147 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCCARTHY, O'NEILL | |
| STREET ADDRESS | 6751 SW 10 CT | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33023 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAYS, SARA | |
| STREET ADDRESS | 10127 NW 11TH AVE. | |
| CITY-ST-ZIP | MIAMI FL 33150-1318 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | SIMPSON, WALTER L | |
| STREET ADDRESS | 7821 NW 4 CT | |
| CITY-ST-ZIP | MIAMI FL 33150 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | N/A | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | N/A | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | N/A | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | N/A | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Pastor Walter L. Simpson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/04 (305) 788-7012

/Date

Daytime Phone #