

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 FEB 24 4 0 36

TALLAHASSEE, FLORIDA

DOCUMENT # 757860 (2)

1. Corporation Name

FAITH OUTREACH MINISTRIES, INC.

Principal Place of Business

Mailing Address

RISHER AVE.
P O BOX 152
INGUS FL 32649

RISHER AVE.
P O BOX 152
INGUS FL 32649

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1981

3a. Date of Last Report

04/08/1994

4. FEI Number

05-0013400

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 CASON Blvd.

25

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27

City & State

23 City & State

28

City & State

24 Zip

Country

29 Zip

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEELD, GILBERT
RISHER AVE
INGUS FL 34449

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
WALDEN, FRANKLIN
118 CROWELL RD
CONYERS GA

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

7000001417647
-02/28/95--01106--005
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P.D
NEELD, GILBERT
RISHER AVE.
INGUS FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
NEELD, LAURA
RISHER AVENUE
INGUS FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Gilbert Neeld Gilbert Neeld

2/8/95

1-904-447-2579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number