

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759300 (7)**

1. Corporation Name  
**ECHO OUTREACH MINISTRIES, INC.**



Principal Place of Business <b>702 WEST MADISON TALLAHASSEE FL 32304</b>	Mailing Address <b>702 WEST MADISON TALLAHASSEE FL 32304-4324</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified <b>07/24/1981</b>	3a. Date of Last Report <b>03/28/1996</b>
4. FEI Number <b>59-2290628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

**HENDERSON, MICHAEL  
1515 PAUL RUSSEL RD, SUITE 62  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COX, KATHY</b>	1.2 NAME	
STREET ADDRESS	<b>1430 S. MERIDIAN ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, LARRY</b>	2.2 NAME	<b>→ Title change only</b>
STREET ADDRESS	<b>11909 STEEDS RUN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSGOOD, JANET</b>	3.2 NAME	<b>Osgood, Janet</b>
STREET ADDRESS	<b>431 TAN BARK PLACE</b>	3.3 STREET ADDRESS	<b>431 Tan Bark Place</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	<b>Tallahassee FL 32301</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVIS, BILLY</b>	4.2 NAME	<b>Dale Knapp</b>
STREET ADDRESS	<b>2404 MONOCO DR.</b>	4.3 STREET ADDRESS	<b>7760 Bass Ridge Dr</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>
TITLE	<b>MD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENDERSON, MICHAEL</b>	5.2 NAME	
STREET ADDRESS	<b>1515 PAUL RUSSELL RD, SUITE 62</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 on an attachment with an address.

CR2E037 (9/96)