

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2004
Secretary of State**

DOCUMENT# 759300

Entity Name: ECHO OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

702 WEST MADISON
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

702 WEST MADISON
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 59-2290628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNUM, TRUDY
3641 WW KELLY ROAD
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARNUM, TRUDY
Address: 3641 WW KELLY ROAD
City-St-Zip: TALLAHASSEE, FL 32311

Title: TD () Delete
Name: WRIGHT, GLENN
Address: 6121 PIMLICO COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD () Delete
Name: PERKO, GARY
Address: 123 SOUTH CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD () Delete
Name: WRIGHT, ANNE
Address: 3687 DWIGHT DAVIS DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD () Delete
Name: WRIGHT, GLENN
Address: 6121 PIMLICO COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD (X) Delete
Name: SHEPHERD, LOIS
Address: 1117 LASSWADE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: POPLER, BARBARA
Address: 2117 TRESMOTT DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BARTON, COLLEEN
Address: 924 HILLCREST CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD (X) Change () Addition
Name: SAVOY, JUDITH
Address: 519 OAKLAND AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRUDY J. BARNUM

D

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date