## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 28, 2005 8:00 am Secretary of State 02-28-2005 90206 008 \*\*\*\*61.25

| 1. Entity Nam  | MENT # 760971<br>OUT MINISTRIES, INC.   |  |   |  | <b>)</b>   | UUZ479   | 4 J  |                                 |
|--|---|--|---|--|--|--|--|---------------------------------|
| Principal Place of Business 2144 SW CHARLOTTE 2144 SW CHARLOTTE ARCADIA, FL 34266 US ARCADIA, FL 34266 US  |   |  |   |  | . · . 3  |  | ITO) AI (EU  |                                 |
| 2. Principal Place of Business   |   | 3. Mailing Address                                     |   |  |  |  |  |                                 |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                    |   |  | 01262005 C   | hg-NP  | CR2E037 (10/03)  | -                               |
| City & State   |   | City & State   |   |  | 4. FEI Number 59-217106  | 55   | N  | ot Applicable                   |
| Zip<br>  | Country   | Zip  | Cou   | ıntry  | 5. Certificate of Si   | atus Desired   | S8.75 Ad Fee Require   |                                 |
| Name and Address of Current Registered Agent   |   |  |   | 7. Name and Address of New Registered Agent  |  |  |  |                                 |
| FORD, CONNIE N<br>2144 SW CHARLOTTE ST<br>ARCADIA, FL 34266  |   |  | Name Street Address (P.O. Box Number is Not Acceptable)   |  |  |  |  |                                 |
|  |   |  |   | City FL Zip Code   |  |  | ie   |                                 |
| 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |   |  |   |  |  |  |  |                                 |
|  | Signature, typed or brinted harse or registered ager  | nt and title it applicable.                            | (NQTE: Registered   | d Agent signature requi  | red when reinstating)  | <del>,</del>   | DATE   |                                 |
|  | Filling Fee is \$61.25<br>Due by May 1, 2005  | 9. Election  | (NOTE: Registered<br>Campaign F<br>and Contributi   | inancing   | \$5.00 May Be<br>Added to Fees   | 1  | lake check payable to  |                                 |
| 10.  | Filing Fee is \$61.25<br>Due by May 1, 2005<br>OFFICERS AND D   | 9. Election<br>Trust Fu                                | Campaign Find Contributi  | inancing lion.   | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANG  | Flori  | lake check payable i<br>ida Department of S  | N 10                            |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Filing Fee is \$61.25<br>Due by May 1, 2005   | 9. Election<br>Trust Fu                                | Campaign Find Contribution  11.  TITLE NAM STRE   | E M/   | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANG<br>T.D<br>NUT, ROBERT<br>OAK ST., RAN                    | Flori<br>ES TO OFFICEI<br>TU-<br>ICHO GRAI             | lake check payable ida Department of S RS AND DIRECTORS IF Change                                      | N 10 Addition                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND D  PTD MINUT, ROBERT J 7642 E. LEE ST. TUCSON, AZ 857155017 D  | 9. Election<br>Trust Fu                                | Campaign F Ind Contributi  11.  TITLE NAM STRE CITY   | E P- EE M/ EET ADDRESS -ST-ZIP RE  | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANG  | Flori<br>ES TO OFFICEI<br>TU-<br>ICHO GRAI             | lake check payable ida Department of S RS AND DIRECTORS IF Change                                      | N 10 Addition                   |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS " CITY-ST-ZIP  | Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND D  PTD MINUT, ROBERT J 7642 E. LEE ST. TUCSON, AZ 857155017  D FORD, CONNIE J 2144 SW CHARLOTTE ST TARCADIA; FL' 34266                                     | 9. Election Trust Fu  IRECTORS  Delete                 | Campaign F Ind Contributi  11.  TITLE NAM STRE CITY  TITLE NAM STRE CITY  | E P M/ EE ADDRESS -ST-ZIP RE EE -ST-ZIP - ST-ZIP | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANG<br>T.D<br>NUT, ROBER<br>OAK ST., RAN<br>ESERVE, N.N      | Flori<br>ES TO OFFICEI<br>TU-<br>ICHO GRAI             | lake check payable ida Department of S  RS AND DIRECTORS II  Change  NDE ESTATES  Change               | N 10 Addition                   |
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I hereby certify that the information supplied with this liling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CEL- 928.710.5822 SIGNATURE: ROBERT J. MINUT PTD Quality

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR