

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

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

08-02-2004 90017 019 ****70.00

DOCUMENT # 768496

1. Entity Name

OUT OF THE DEPTHS MINISTRIES, INC.



Principal Place of Business

490 12TH AVE NE
NAPLES FL 34120
US

Mailing Address

490 12TH AVE NE
NAPLES FL 34120
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 111745

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAPLES FL

Zip

Country

Zip

34108-0130

Country

USA

4. FEI Number

59-2308140

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

CLARKE, RHONDA R
490 12TH AVE NE
NAPLES FL 34120

Name

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

Signature, typed or printed name of registered agent and date 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	D	<input type="checkbox"/> Delete
NAME	SMITH, MICHAEL R	
STREET ADDRESS	1440 17TH ST SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINCHELL, LISA M	
STREET ADDRESS	5424 21ST PL SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ARMBURST, RICHARD L	
STREET ADDRESS	4115 CINDY AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	CLARKE, RHONDA <i>KR</i>	
STREET ADDRESS	490 12TH AVE NE	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMBURST, RICHARD L	
STREET ADDRESS	4115 CINDY AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLON, LISA	
STREET ADDRESS	255 S AIRPORT RD	
CITY-ST-ZIP	NAPLES FL 34104	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RHONDA R. CLARKE

8/27/04

239-304-1274

Date

Daytime Phone #