

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768496

FILED
Apr 30, 2005
Secretary of State

Entity Name: OUT OF THE DEPTHS MINISTRIES, INC.

Current Principal Place of Business:

490 12TH AVE NE
NAPLES, FL 34120 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 111745
NAPLES, FL 341080130 US

New Mailing Address:

FEI Number: 59-2308140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKE, RHONDA R
490 12TH AVE NE
NAPLES, FL 34120 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: SMITH, MICHAEL R
Address: 1440 17TH ST SW
City-St-Zip: NAPLES, FL 34117

Title: D () Delete
Name: WINCHELL, LISA M
Address: 5424 21ST PL SW
City-St-Zip: NAPLES, FL 34116

Title: PSD () Delete
Name: CLARKE, RHONDA R
Address: 490 12TH AVE NE
City-St-Zip: NAPLES, FL 34120

Title: D (X) Delete
Name: ARMBURST, RICHARD L
Address: 4115 CINDY AVE
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PSTD (X) Change () Addition
Name: CLARKE, RHONDA R
Address: 490 12TH AVE NE
City-St-Zip: NAPLES, FL 34120

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: RHONDA R. CLARKE

PSTD

04/30/2005

Electronic Signature of Signing Officer or Director

Date