2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001149

1. Entity Name
BORN AGAIN MISSIONARY BAPTIST OUTREACH MINISTRY, INC.

Principal Place of Business	Mailing Address
2920 CRUTCHFIELD RD. LAKELAND, FL 33805	2920 CRUTCHFIELD RD. LAKELAND, FL 33805

DO NOT WRITE IN THIS SPACE

07012004 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, JAMES
2920 CRUTCHFIELD RD.
LAKELAND, FL 33805

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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: _JAMES FOX_   9/2/2004

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by September 8, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000171992 09/09/04-80005-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOX, JAMES
STREET ADDRESS	2920 CRUTCHFIELD RD.
CITY-ST-ZIP	LAKELAND, FL 33805

TITLE	D
NAME	FOX, S. MS.
STREET ADDRESS	2920 CRUTCHFIELD RD.
CITY-ST-ZIP	LAKELAND, FL 33805

TITLE	D
NAME	FOX, KAMIA
STREET ADDRESS	2920 CRUTCHFIELD RD.
CITY-ST-ZIP	LAKELAND, FL 33805

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _KAMIA FOX_   KAMIA FOX   9/2/2004 (863)409-6221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #