

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002672

1. Entity Name

GRACE OUTREACH MINISTRIES, INC.



Principal Place of Business

5006 IRONWOOD TRAIL
BARTOW, FL 33830

Mailing Address

P. O. BOX 415
HIGHLAND CITY, FL 33846



01282005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3638981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIEL, V.K.
5006 IRONWOOD TRAIL
BARTOW, FL 33830

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IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GEORGE, THOMAS
STREET ADDRESS ASHLEY GLEN APT. BLDG. #1310, APT. 305
CITY-ST-ZIP BARTOW, FL 33830

TITLE D
NAME DANIEL, V.K.
STREET ADDRESS 5006 IRONWOOD TRAIL
CITY-ST-ZIP BARTOW, FL 33830

TITLE D
NAME PHILIP, VARUGHESE
STREET ADDRESS 5266 ST. LUCIA DR.
CITY-ST-ZIP LAKELAND, FL 33813

TITLE D
NAME PHILIP, REJI
STREET ADDRESS 5222 ST. LUCIA DR.
CITY-ST-ZIP LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000211593
02/02/05-80125-021 61.25

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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: *Varughese Philip* VARUGHESE PHILIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2005

Date

863-644-1143

Daytime Phone #