


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004939 1. Entity Name OUTREACH EVANGELISTIC MINISTRY INC.	
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Principal Place of Business 808 1/2 NORTH 17TH STREET FORT PIERCE FL 34950	Mailing Address P.O. BOX 701 FORT PIERCE FL 34954
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E037 (10/05)

4. FEI Number 65-1035140	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAYES, SHIRLEY
808 1/2 NORTH 17TH STREET
FORT PIERCE FL 34950**

7. Name and Address of New Registered Agent

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	P	<input type="checkbox"/> Delete
NAME	HAYES, SHIRLEY	
STREET ADDRESS	808 1/2 NORTH 17TH STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMAS, MICHAEL W	
STREET ADDRESS	1302 NORTH 6TH CT.	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAYES, PRISCILLA	
STREET ADDRESS	808 1/2 NORTH 17TH STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, KATHERIA D	
STREET ADDRESS	1302 N. 16TH CT.	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000495145	
CITY-ST-ZIP	04/20/06-80073-017 61.25	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 _____ DATE _____