

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90100 042 ****61.25

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1. Entity Name

OUTREACH EVANGELISTIC MINISTRY INC.



Principal Place of Business

Mailing Address

808 1/2 NORTH 17TH STREET
FORT PIERCE FL 34950

P.O. BOX 701
FORT PIERCE FL 34954

2. Principal Place of Business - No P.O. Box #

2302 Canal Ter,

Suite, Apt. #, etc.

APT. A

City & State

Fort Pierce Fla

Zip

34950

Country

ST. Lucie

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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, 2007

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 ☐ Delete
NAME HAYES, SHIRLEY
STREET ADDRESS 808 1/2 NORTH 17TH STREET
CITY- ST- ZIP FORT PIERCE FL 34950

TITLE VD ☐ Delete
NAME THOMAS, MICHAEL W
STREET ADDRESS 1302 NORTH 6TH CT.
CITY- ST- ZIP FORT PIERCE FL 34950

TITLE SD ☐ Delete
NAME HAYES, PRISCILLA
STREET ADDRESS 808 1/2 NORTH 17TH STREET
CITY- ST- ZIP FORT PIERCE FL 34950

TITLE TD ☐ Delete
NAME THOMAS, KATHERIA D
STREET ADDRESS 1302 N. 16TH CT.
CITY- ST- ZIP FORT PIERCE FL 34950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

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TITLE ☐ Change ☐ 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:

Shirley Hayes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #