


**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

DOCUMENT # N00000004939			
1. Entity Name OUTREACH EVANGELISTIC MINISTRY INC.			
Principal Place of Business 808 1/2 NORTH 17TH STREET FORT PIERCE FL 34950		Mailing Address P.O. BOX 701 FORT PIERCE FL 34954	
2. Principal Place of Business - No P.O. Box # <i>2302 Land Tex</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>APT. A</i>		Suite, Apt. #, etc.	
City & State <i>Fort Pierce Fla</i>		City & State	
Zip <i>34950</i>	Country <i>ST. Lucie</i>	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 <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HAYES, SHIRLEY 808 1/2 NORTH 17TH STREET FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD THOMAS, MICHAEL W 1302 NORTH 6TH CT. FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD HAYES, PRISCILLA 808 1/2 NORTH 17TH STREET FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD THOMAS, KATHERIA D 1302 N. 16TH CT. FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E037 (10/06)

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

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 # \_\_\_\_\_