2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0000005786

Entity Name: IN-TOUCH EVANGELISTIC OUTREACH MINISTRIES, INC.

FILED May 01, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 412 ALEATHA DRIVE **5 HARGROVE** DAYTONA BEACH, FL 32114 PALM COAST, FL 32137 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 10894 DAYTONA BEACH, FL 32120 FEI Number: 59-3653208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **EVANGELIST MURIEL AVANT-FUQUA** 412 ALEATHA DRIVE DAYTONA BEACH, FL 32114 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPC () Change () Addition () Delete FUQUA, DANNY Name: Name: 412 ALEATHA DRIVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: (X) Change () Addition TRIMBLE, VANESSA Name: TRIMBLE, VANESSA Name: Address: 5031 W. SUPERIOR Address: 5031 W. SUPERIOR City-St-Zip: CHICAGO, IL 60644 City-St-Zip: CHICAGO, IL 60644 Title: () Delete Title: (X) Change () Addition COPELAND, ELIZABETH DR. WILLA, SMITH Name: Name: 400 SCHOOL STREET 442 S. PALMETTO AVE. Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114 (X) Change () Addition Title: VCOB () Delete Title: STD DARLENE, SCHULTZ Name: HAMILTON, SALINA Name: 2050 S. RIDGEWOOD AVE. APT. P-5 Address: 324 BARTLEY DR. Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: SOUTH DAYTONA, FL 32119 (X) Delete Title: Title: () Change () Addition THORNTON, JOHNNIE Name: Name: 180 BIG BEN DR. Address: Address: City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: Title: () Delete Title: (X) Change () Addition POWERS, JOSEPHINE EVANG. POWERS, JOSEPHINE EVANG. Name: Name: Address: 420 LAKEBRIDGE PLACE, @304 Address: 203 S. ORCHARD ST. #13-D ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY FUQUA VPC 05/01/2003