

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # N01000000494**

1. Entity Name

**JESUS THE LIGHT OF LIFE OUTREACH MINISTRY  
INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 13 AM 8:00

Principal Place of Business 6220 ALL AMERICAN BOULEVARD SUITE 34 ORLANDO FL 32810	Mailing Address 6220 ALL AMERICAN BOULEVARD SUITE 34 ORLANDO FL 32810
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2. Principal Place of Business 6220 All American Blvd	3. Mailing Address 6220 All American Blvd
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MOORE CR2E037 (11/03) *MRS*

Suite, Apt. #, etc. Suite 13	Suite, Apt. #, etc. Suite 13
City & State Orlando, FL	City & State Orlando, FL

4. FEI Number **59-3694784** Applied For   
Not Applicable

Zip 32810	Country Orange	Zip 32810	Country Orange
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

<p>6. Name and Address of Current Registered Agent</p> <p><b>ROBERTS, MYRTLE S 6336 ROYAL TERN STREET ORLANDO FL 32810</b></p>	<p>7. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>City _____ <b>FL</b> Zip Code _____</p>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, VERNON 6336 ROYAL TERN STREET ORLANDO FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600037340966</b> <b>05/26/04--01049--006 **65.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, MYRTLE S 6336 ROYAL TERN STREET ORLANDO FL 32810 <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	D WILLIAMS, RICARDO M 4910 ANZIO STREET ORLANDO FL 32819 <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	D WILLIAMS, KATRINA J 4910 ANZIO STREET ORLANDO FL 32819 <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
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

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:** *Vernon Roberts* **Vernon Roberts** - 28-2004 907-445-8446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #