

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001943		
1. Entity Name HIGHLAND PINES OUTREACH CENTER INCORPORATED		
Principal Place of Business FIRST MISSIONARY BAPTIST CHURCH 4711 E 21ST AVENUE TAMPA, FL 33605	Mailing Address FIRST MISSIONARY BAPTIST CHURCH 4711 E 21ST AVENUE TAMPA, FL 33605	
DO NOT WRITE IN THIS SPACE		
		
02162004 No Chg-NP CR2E037 (10/03)		
4. FEI Number 59-3652641		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
FIRST MISSIONARY BAPTIST CHURCH OF HIGHLAN D PINES 4711 E 21ST AVENUE TAMPA, FL 33605		DO NOT WRITE IN THIS SPACE
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 _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	PD LANE, CLEVELAND	
NAME	4711 E 21ST AVENUE	
STREET ADDRESS	TAMPA, FL 33605	
CITY - ST - ZIP		
TITLE	CT	
NAME	MILLER, ARTHUR	
STREET ADDRESS	4711 E 21ST AVENUE	
CITY - ST - ZIP	TAMPA, FL 33605	
TITLE	T	
NAME	BROWN, JERRY	
STREET ADDRESS	7904 E NORTH BAY	
CITY - ST - ZIP	TAMPA, FL 33605	
TITLE	T	
NAME	LEWIS, WILLIE	
STREET ADDRESS	4615 E 24 AVE	
CITY - ST - ZIP	TAMPA, FL 33605	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 fee empowered.		
SIGNATURE: 		3-8-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #