

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N01000008378

1. Entity Name
B & B FAMILY EVANGELISTIC OUTREACH MINISTRIES,
INC.



FILED
Mar 03, 2004 08:00 AM
Secretary of State

Principal Place of Business
23195 PEACHLAND BLVD
PORT CHARLOTTE, FL 33954

Mailing Address
23195 PEACHLAND BLVD
PORT CHARLOTTE, FL 33954



DO NOT WRITE IN THIS SPACE

02252004 No Chg-NP CR2E037 (10/03)

4. FEI Number
01-0576933

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURGESS, HAROLD
23195 PEACHLAND BLVD
PORT CHARLOTTE, FL 33949

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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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

U00000074823
03/03/04-80033-025 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BURGESS, HAROLD
STREET ADDRESS 23195 PEACHLAND BLVD
CITY-ST-ZIP PORT CHARLOTTE, FL 33949

TITLE STD
NAME BURGESS, CYNTHIA
STREET ADDRESS 23195 PEACHLAND BLVD
CITY-ST-ZIP PORT CHARLOTTE, FL 33949

TITLE D
NAME BURGESS, JUSTIN
STREET ADDRESS 23195 PEACHLAND BLVD
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Cynthia Burgess Cynthia Burgess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/04
Date

941-629-2352
Daytime Phone #