


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000008378	
1. Entity Name B & B FAMILY EVANGELISTIC OUTREACH MINISTRIES, INC.	

Principal Place of Business 23195 PEACHLAND BLVD PORT CHARLOTTE, FL 33954	Mailing Address 23195 PEACHLAND BLVD PORT CHARLOTTE, FL 33954
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DO NOT WRITE IN THIS SPACE



01302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0576933	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 reappointing)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000265524 03/16/05-80060-017 61 25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGESS, HAROLD 23195 PEACHLAND BLVD PORT CHARLOTTE, FL 33949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURGESS, CYNTHIA 23195 PEACHLAND BLVD PORT CHARLOTTE, FL 33949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, JUSTIN 23195 PEACHLAND BLVD 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: <u>Cynthia Burgess / Cynthia Burgess</u>	<u>3/14/05</u>	<u>941-629-2352</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>