

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 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**



04162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0576933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**BURGESS, HAROLD
23195 PEACHLAND BLVD
PORT CHARLOTTE, FL 33949**

**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 _____
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGESS, HAROLD 23195 PEACHLAND BLVD PORT CHARLOTTE, FL 33949
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURGESS, CYNTHIA 23195 PEACHLAND BLVD PORT CHARLOTTE, FL 33949
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, JUSTIN 23195 PEACHLAND BLVD PORT CHARLOTTE, FL 33954
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/08/06-80012-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/22/06 941-629-2352
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #