## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000507

FILED Apr 06, 2005 Secretary of State

Entity Name: FAITH IN EVANGELISM OUTREACH MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 3529 LENOX AVE. JACKSONVILLE, FL 32254 **Current Mailing Address: New Mailing Address:** 3529 LENOX AVE JACKSONVILLE, FL 32254 FEI Number: 03-0387384 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOWARD, RALPH 3529 LENOX AVE. JACKSONVILLE, FL 32254 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HOWARD, RALPH Name: Name: 3529 LENOX AVE. Address: Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: Title: TVS () Delete Title: TVS (X) Change ( ) Addition Name: HINES, MELISSA A Name: HINES, MELISSA A Address: 3882 PARK ST. Address: 8880 SHINDLER CROSSING DRIVE City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32224 Title: () Delete Title: (X) Change ( ) Addition HOWARD, RICHARD HOWARD, RICHARD Name: Name: 10122 RISING MIST LANE Address: 4424 TRENTON DR. S Address: City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: JACKSONVILLE, FL 32221 Title: ( ) Delete Title: (X) Change ( ) Addition Name: HOWARD, LUTRICIA Name: HOWARD, LUTRICIA Address: 4424 TRENTON DR. S Address: 10122 RISING MIST LANE City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH HOWARD TP 04/06/2005