

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000507

FILED
Apr 06, 2006
Secretary of State

Entity Name: FAITH IN EVANGELISM OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

3529 LENOX AVE.
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

3529 LENOX AVE.
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 03-0387384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, RALPH
3529 LENOX AVE.
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

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:

Title: TP () Delete
Name: HOWARD, RALPH
Address: 3529 LENOX AVE.
City-St-Zip: JACKSONVILLE, FL 32254

Title: TVS () Delete
Name: HINES, MELISSA A
Address: 8880 SHINDLER CROSSING DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: TT () Delete
Name: HOWARD, RICHARD
Address: 10122 RISING MIST LANE
City-St-Zip: JACKSONVILLE, FL 32221

Title: T () Delete
Name: HOWARD, LUTRICIA
Address: 10122 RISING MIST LANE
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/06/2006

Electronic Signature of Signing Officer or Director

Date