


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 24, 2004 08:00 AM  
Secretary of State

DOCUMENT # N02000001955	
1. Entity Name EVANGELIST OUT REACH CHURCH OF JESUS CHRIST AN EAGLE MINISTRY CORP.	

Principal Place of Business 5009 LASALLE ST. SUITE A FORT PIERCE, FL 34951-2274 US	Mailing Address PO BOX 2312 FT PIERCE, FL 34954-2312
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04092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-3060424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MITCHELL, EVELINA B 5009 LASALLE ST. SUITE A FORT PIERCE, FL 34951-2274	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) 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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE MITCHELL, JOSEPH R 5009 LASALLE ST., #A FORT PIERCE, FL 349512274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MITCHELL, EVELINA B 5009 LASALLE ST., #A FORT PIERCE, FL 349512274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTY, ELOUISE EVANG. 1711 BOSTON AVE FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JONES, SYRELD A 5009 LASALLE ST. #B FORT PIERCE, FL 349512274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000161257  
05/24/04-80001-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Evelina B. Mitchell / Evelina B. Mitchell 772-489-5912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 05/21/04 Daytime Phone #