

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2005 8:00 am
Secretary of State

09-14-2005 90001 044 ****61.65

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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**

50066707



06232005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
75-3060424

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

7. Name and Address of New Registered Agent

Name **Evelina B. Mitchell**

Street Address (P.O. Box Number is Not Acceptable)

6702 Miramar Ave Apt A

City **Fort Pierce,**

FL

Zip Code
34951

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DE** ☐ Delete
NAME **MITCHELL, JOSEPH R**
STREET ADDRESS **5009 LASALLE ST., #A**
CITY-ST-ZIP **FORT PIERCE, FL 349512274**

TITLE **ED** ☐ Delete
NAME **MITCHELL, EVELINA B**
STREET ADDRESS **5009 LASALLE ST., #A**
CITY-ST-ZIP **FORT PIERCE, FL 349512274**

TITLE **D** ☐ Delete
NAME **CARTY, ELOUISE EVANG.**
STREET ADDRESS **1711 BOSTON AVE**
CITY-ST-ZIP **FORT PIERCE, FL 34950**

TITLE **TS** ☐ Delete
NAME **JONES, SYRELDAN**
STREET ADDRESS **5009 LASALLE ST. #B**
CITY-ST-ZIP **FORT PIERCE, FL 349512274**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DE** ☒ Change ☐ Addition
NAME **Mitchell, Joseph R**
STREET ADDRESS **6702 Miramar Ave Apt A**
CITY-ST-ZIP **Fort Pierce, FL 34951**

TITLE **ED** ☒ Change ☐ Addition
NAME **Mitchell, Evelina B**
STREET ADDRESS **Mitchell, Evelina B**
CITY-ST-ZIP **6702 Miramar Ave Apt A**
Fort Pierce, FL 34951

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Mitchell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/07/05

Date

Daytime Phone #

(772) 466-2006