

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90071 029 ****61.25

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



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

3. Mailing Address

5009 LASALLE ST.

P.O. BOX 2312

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Pierce, FL

Fort Pierce, FL

Zip

Country

Zip

Country

34951-2274

USA

34954-2312

USA

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

7. Name and Address of New Registered Agent

MITCHELL, EVELINA B
6702 MIRAMAR AVE APT A
FORT PIERCE FL 34951

Name

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

City

FL

Zip Code

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

Evelina B. Mitchell

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 6702 MIRAMAR AVE APT A
CITY-ST-ZIP FORT PIERCE FL 34951-2274

TITLE ED ☐ Delete
NAME MITCHELL, EVELINA B
STREET ADDRESS 6702 MIRAMAR AVE APT A
CITY-ST-ZIP FORT PIERCE FL 34951-2274

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

TITLE TS ☐ Delete
NAME JONES, SYRELLA N
STREET ADDRESS 5009 LASALLE ST. #B
CITY-ST-ZIP FORT PIERCE FL 34951-2274

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 ~~Evelina B. Mitchell~~ ☐ Change ☒ Addition
NAME ~~Phyllis Jones~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~Evelina B. Mitchell~~ ☐ Change ☒ Addition
NAME ~~Phyllis Elaine Jones~~
STREET ADDRESS 605 South Northlake Blvd Apt 5
CITY-ST-ZIP Altamonte Springs, FL 32701-6157

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

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

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 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:

Evelina B. Mitchell

4/28/06

712-332-6017
712-332-6015