


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N02000001955</b>   |  |
| 1. Entity Name<br>EVANGELIST OUT REACH CHURCH OF JESUS CHRIST<br>AN EAGLE MINISTRY CORP. |   |

|  |   |
|--|---|
| Principal Place of Business<br>5009 LASALLE ST<br>STE B<br>FORT PIERCE, FL 34951-2274 US | Mailing Address<br>POB 2312<br>FORT PIERCE, FL 34954-2312 |
|--|---|

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-NP CR2E037 (4/06)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>75-3060424  | Applied For<br>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  
6702 MIRAMAR AVE APT A  
FORT PIERCE, FL 34951

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IN THIS SPACE**

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 reinstalling) DATE \_\_\_\_\_

|   |  |
|---|--|
| Filing Fee is \$61.25<br>Due by May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DE<br>MITCHELL, JOSEPH R<br>6702 MIRAMAR AVE APT A<br>FORT PIERCE, FL 349512274        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ED<br>MITCHELL, EVELINA B<br>6702 MIRAMAR AVE APT A<br>FORT PIERCE, FL 349512274       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARTY, ELOUISE EVANG.<br>1711 BOSTON AVE<br>FORT PIERCE, FL 34950                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TS<br>JONES, SYRELODA N<br>5009 LASALLE ST. #B<br>FORT PIERCE, FL 349512274            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | E<br>JONES, PHYLLIS E<br>605 S NORTHLAKE BLVD APT 5<br>ALTAMONTE SPRINGS, FL 327016157 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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05/23/07-80086-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* 04/27/07 Date: 772-332-6015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 772-332-6015  
Daytime Phone #