

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 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
STE B
FORT PIERCE, FL 34951-2274 US**

Mailing Address
**POB 2312
FORT PIERCE, FL 34954-2312**



02072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
6702 MIRAMAR AVE APT A
FORT PIERCE, FL 34951**

**DO NOT WRITE
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

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

000000831253
02/27/08-80010-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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 B. Mitchell* **Evelina B. Mitchell** *02/07/08* **772-332-6017**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #