

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90129 007 \*\*\*\*61.25

**DOCUMENT # N02000001955**

1. Entity Name

**EVANGELIST OUT REACH CHURCH OF JESUS CHRIST ANGLE MINISTRY CORP.**



Principal Place of Business

**5100 SANIBELL AVE  
FT PIERCE FL 34951-2029**

Mailing Address

**PO BOX 2312  
FT PIERCE FL 34954-2312**



2. Principal Place of Business

**5009 Lasalle St**

Suite, Apt. #, etc.

**A**

City & State

**Fort Pierce, FL**

Zip

**34951-2274 U.S.A**

3. Mailing Address

**P.O. Box 2312**

Suite, Apt. #, etc.

City & State

**Fort Pierce, FL**

Zip

**34954-2312 U.S.A**

☒ CHECK HERE IF MAKING CHANGES

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  
5100 SANIBELL AVE  
FT PIERCE FL 34951-2029**

7. Name and Address of New Registered Agent

Name **Evangelist Evelina B. Mitchell**  
Street Address (P.O. Box Number is Not Acceptable)

**5009 Lasalle St #A**

City

**Fort Pierce**

State

**FL**

Zip Code

**34951-2274**

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)

**09/04/03**

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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 **D** ☐ Delete  
NAME **MITCHELL, JOSEPH R**  
STREET ADDRESS **5100 SANIBELL AVE**  
CITY-ST-ZIP **FT PIERCE FL 34951-2029**

TITLE **D** ☐ Delete  
NAME **MITCHELL, EVELINA B**  
STREET ADDRESS **5100 SANIBELL AVE**  
CITY-ST-ZIP **FT PIERCE FL 34951-2029**

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

TITLE **DS** ☐ Delete  
NAME **JONES, SYREDDA N**  
STREET ADDRESS **5110 LASALLE ST #B**  
CITY-ST-ZIP **FT PIERCE FL 34951**

TITLE **DS** ☒ Delete  
NAME **BYRD, SHARON**  
STREET ADDRESS **5110 LASALLE ST #B**  
CITY-ST-ZIP **FT PIERCE FL 34951**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **O/E** ☒ Change ☐ Addition  
NAME **Mitchell, Joseph R.**  
STREET ADDRESS **5009 Lasalle St #A**  
CITY-ST-ZIP **Fort Pierce, FL 34951-2274**

TITLE **B/O** ☒ Change ☐ Addition  
NAME **Mitchell, Evelina B.**  
STREET ADDRESS **5009 Lasalle St #A**  
CITY-ST-ZIP **Fort Pierce, FL 34951-2274**

TITLE **Evng** ☐ Change ☐ Addition  
NAME **Carty, Eloise**  
STREET ADDRESS **1711 Boston Ave**  
CITY-ST-ZIP **Fort Pierce, FL 34950**

TITLE **T/S** ☒ Change ☐ Addition  
NAME **Jones, Syrelda N.**  
STREET ADDRESS **5009 Lasalle St #B**  
CITY-ST-ZIP **Fort Pierce, FL 34951-2274**

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 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: **Evangelist Evelina B. Mitchell** **09/04/03 772-489-5912**

CR2E037 (4/03)