

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90518 017 ****61.25

DOCUMENT # N02000003160

1. Entity Name
TAKING IT TO THE STREETS MINISTRIES, INC.



Principal Place of Business
**7320 47TH ST. N.
PINELLAS PARK, FL 33781**

Mailing Address
**7320 47TH ST. N.
PINELLAS PARK, FL 33781**

50045434



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
01-0669369

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PIERCE, BRIAN REV.
7320 47TH ST. N.
PINELLAS PARK, FL 33781**

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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **PIERCE (CO FOUNDER), BRIAN REV.**
CITY-ST-ZIP **7302 47 ST. NORTH
PINELLAS PARK, FL 33781**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **ANTHONY OLIVER**
CITY-ST-ZIP **4020 58TH AVE #8
ST. PETE FL 33714**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **PIERCE (CO FOUNDER), PAULA**
CITY-ST-ZIP **7302 47 ST. NORTH
PINELLAS PARK, FL 33781**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TANNEHILL, STEVE REV.**
CITY-ST-ZIP **4033 22 AVE NORTH
ST PETERSBURG, FL 33713**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MILLER, GARY**
CITY-ST-ZIP **8404 OAKHURST RD
SEMINOLE, FL 33776**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BOAZ, KENNETH DR.**
CITY-ST-ZIP **1722 OAKDALE LN. E
CLEARWATER, FL 33764**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BASCOM, WILLIAM**
CITY-ST-ZIP **6 BELLEVIEW BLVD #504
CLEARWATER, FL 33756**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #