

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90021 019 \*\*\*\*61.25

**54032932**



MOORE CR2E037 (11/03)

<b>DOCUMENT # N02000007678</b> 1. Entity Name <b>TAKING IT TO THE STREETS OUTREACH MINISTRY, INC.</b>					
Principal Place of Business <b>933 ARDMORE ST., STE. 2 JACKSONVILLE FL 32208</b>			Mailing Address <b>933 ARDMORE ST., STE. 2 JACKSONVILLE FL 32208</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number <b>33-1020192</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			6. Name and Address of Current Registered Agent  <b>JOHNSON, EUGENE M 925 TURTLE CREEK DR. NORTH JACKSONVILLE FL 32218</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, EUGENE M <input type="checkbox"/> Delete 925 TURTLE CREEK DR. NORTH JACKSONVILLE FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DARRYL L. Johnson 4339 Flintshire Rd JACKSONVILLE FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete JOHNSON, DORETHA Y 925 TURTLE CREEK DR. NORTH JACKSONVILLE FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ERVIN E Johnson 4339 FLINTSHIRE Rd JACKSONVILLE FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete HARRINGTON, JACKIE 11050 HARTS RD., #802 JACKSONVILLE FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete TAYLOR, LISA 4513 KENKNIGHT DR. NORTH JACKSONVILLE FL 32209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete JACKSON, LAMONT E 1160 PHELPS ST JACKSONVILLE FL 32206		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: E. M. Johnson / E.M. Johnson President 4-12-04 904-343-7206</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					