

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90152 006 \*\*\*\*61.25

**DOCUMENT # N02000007678**

1. Entity Name

**TAKING IT TO THE STREETS OUTREACH MINISTRY, INC.**



Principal Place of Business

933 ARDMORE ST., STE. 2  
JACKSONVILLE FL 32208

Mailing Address

933 ARDMORE ST., STE. 2  
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

33-1020192

Applied For

Not Applicable

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

**JOHNSON, EUGENE M  
925 TURTLE CREEK DR.  
NORTH JACKSONVILLE FL 32218**

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

**FILE NOW: 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

TITLE PD ☐ Delete  
NAME JOHNSON, EUGENE M  
STREET ADDRESS 925 TURTLE CREEK DR. NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VD ☐ Delete  
NAME JOHNSON, DORETHA Y  
STREET ADDRESS 925 TURTLE CREEK DR NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE SD ☒ Delete  
NAME HARRINGTON, JACKIE  
STREET ADDRESS 11050 HARTS RD., #802  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE TD ☐ Delete  
NAME JOHNSON, DARRYL L  
STREET ADDRESS 4339 FLINTSHIRE RD  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Delete  
NAME JACKSON, LAMONT E  
STREET ADDRESS 1160 PHELPS ST  
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE TD ☐ Delete  
NAME JOHNSON, ERVIN E  
STREET ADDRESS 4339 FLINTSHIRE RD  
CITY-ST-ZIP JACKSONVILLE FL 32208

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
NAME S.D  
APREL Y. Johnson  
STREET ADDRESS 925 TURTLE CREEK DR North  
CITY-ST-ZIP JACKSONVILLE FL 32218

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eugene M. Johnson* April 25, 2005 904-343-7206

Date

Daytime Phone #