

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007860

FILED  
Apr 03, 2005  
Secretary of State

Entity Name: JESUS IS LORD OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

501 E. LAKE AVE.  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

501 E. LAKE AVE.  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 14-1849367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ERVIN-HILL, LORETTA DR.  
3007 E. SHADOWLAWN AVENUE  
TAMPA, FL 33610 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ERVIN-HILL, LORETTA DR.  
Address: 3007 E. SHADOWLAWN AVENUE  
City-St-Zip: TAMPA, FL 33610

Title: VD ( ) Delete  
Name: VICKERS, ALA FAYE N  
Address: 501 E. LAKE AVE.  
City-St-Zip: TAMPA, FL 33610

Title: TD ( ) Delete  
Name: ERVIN, WILLIE L  
Address: 4109 W. FIG STREET  
City-St-Zip: TAMPA, FL 33609

Title: SD ( ) Delete  
Name: ERVIN, KIM  
Address: 501 E. LAKE AVE  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: HILL, CHARLES H  
Address: 501 E. LAKE AVE  
City-St-Zip: TAMPA, FL 33610

Title: SD ( ) Change (X) Addition  
Name: MISSIONARY, MARIE  
Address: 501 E. LAKE AVE  
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LORETTA ERVIN-HILL

PD

04/03/2005

Electronic Signature of Signing Officer or Director

Date