2004 NOT-FOR-PROFIT CORPORATION

TAMPA FL 33602

3. Mailing Address

City & State

Suite, Apt. #, etc.

ANNUAL REPORT (AR) DOCUMENT # N02000008729 1. Entity Name FOLLOWERS OF JESUS OUTREACH PROGRAMS, INC. Principal Place of Business Mailing Address 401 E. FRANCES AVENUE 401 E. FRANCES AVENUE

TAMPA FL 33602

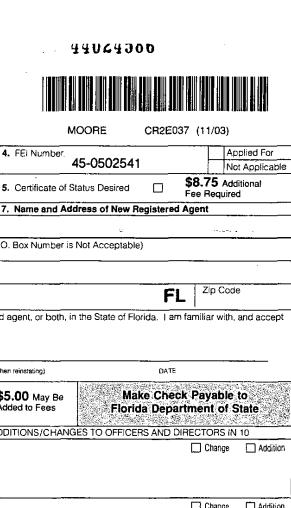
2. Principal Place of Business

Suite, Apt. #, etc.

City & State

FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90039 015 ****61.25



Zip Country Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, C.B. Street Address (P.O. Box Number is Not Acceptable) 401 E. FRÁNCES AVENUE TAMPA FL 33602 City 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. ☐ Delete TITLE WILLIAMS, C.B. NAME NAME 401 E. FRANCES AVENUE STREET ADDRESS STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NELSON VICKRTS, ALA NAME NAME 112 E. PLYMOUTH STREET ADDRESS STREET ADDRESS **TAMPA FL 33603** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete WHITEHEAD, DARRYL-NAME NAME 1023 S.E. 10TH AVE. STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32601 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: SIGNING OFFICER OF DIRECTOR