

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2005  
Secretary of State**

DOCUMENT# N02000008729

Entity Name: FOLLOWERS OF JESUS OUTREACH PROGRAMS, INC.

**Current Principal Place of Business:**

401 E. FRANCES AVENUE  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

401 E. FRANCES AVENUE  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 45-0502541      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WILLIAMS, C.B.  
401 E. FRANCES AVENUE  
TAMPA, FL 33602    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: WILLIAMS, C.B.  
Address: 401 E. FRANCES AVENUE  
City-St-Zip: TAMPA, FL 33602

Title: SD ( ) Delete  
Name: NELSON VICKRTS, ALA  
Address: 112 E. PLYMOUTH  
City-St-Zip: TAMPA, FL 33603

Title: TD ( ) Delete  
Name: WHITEHEAD, DARRYL  
Address: 1023 S.E. 10TH AVE.  
City-St-Zip: GAINESVILLE, FL 32601

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

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

Title: SD (X) Change ( ) Addition  
Name: NELSON VICKERS, ALA  
Address: 112 E. PLYMOUTH  
City-St-Zip: TAMPA, FL 33603

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

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: C.B. WILLIAMS

PD

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date