## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009308

FILED Apr 25, 2004 Secretary of State

Entity Name: STOMPING GROUNDS OUTREACH MINISTRIES, INCORPORATED

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 20 BRADENT	)292 ON, FL 34204	1			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 20 BRADENT	)292 ON, FL 34204	1			
FEI Number:	01-0757087	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
SUITE 350 BRADENT	ST CENTER 1 ON, FL 34205 named entitys		urpose of changing its register	ed office or registered agent, or both,	
SIGNATUR					
	Electror	nic Signature of Registered Age		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () FOURAKER, JO 12222 CLUBHO BRADENTON, F	DUSE DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) ZIPP, ED 1201 GLORY V BRADENTON, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PCM ( ) LEONARD, NAT 921 FAITH CIR BRADENTON, F	CLE EAST #53	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MAUST, JOSÌA 4629 WALNUT		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () LEONARD, GEI 921 FAITH CIR BRADENTON, F	CLE EAST #53	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: NATHANIEL A LEONARD PCM 04/25/2004