

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90063 036 ****61.25

DOCUMENT # N03000000984

1. Entity Name

JUDAH OUTREACH MINISTRY, INC.



Principal Place of Business

1017 GRIFFIN RD APT #108W
LAKELAND FL 33805

Mailing Address

1017 GRIFFIN RD APT #108W
LAKELAND FL 33805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-2089818

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

COX, CYNTHIA V
1017 GRIFFIN RD APT #108W
LAKELAND FL 33805

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, 2004

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	TP	<input checked="" type="checkbox"/> Delete
NAME	DILWORTH, CYNTHIA V	
STREET ADDRESS	1017 GRIFFIN RD APT #108W	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BYRD, LAWANNA D	
STREET ADDRESS	PO BOX 3876	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	TT	<input checked="" type="checkbox"/> Delete
NAME	BYRD, SHAWN E	
STREET ADDRESS	1017 GRIFFIN RD APT #108W	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cox, Cynthia V.	
STREET ADDRESS	1017 GRIFFIN RD. APT. #108W	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILWORTH, SHAWN E.	
STREET ADDRESS	1017 GRIFFIN RD APT. 108W	
CITY-ST-ZIP	Lakeland, Fla. 33805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Cynthia V. Cox Cynthia V. Cox 1/31/04 863 6887925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #