

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90014 027 ****61.25

DOCUMENT # N03000001816

1. Entity Name
OMNI CHILDREN OUTREACH MINISTRIES, INC.



Principal Place of Business
**700 ALPINE ST.
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**700 ALPINE ST.
ALTAMONTE SPRINGS, FL 32701**

54066674



2. Principal Place of Business

**150 Country Club Dr.
Suite, Apt. #, etc.
Sanford, FL**

3. Mailing Address

**700 Alpine St.
Suite, Apt. #, etc.
Altamonte Springs, FL**

07222004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

06-1677007

Applied For

Not Applicable

Zip
32771

Country
USA

Zip
32701

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CONWAY, LUCIOUS C JR
700 ALPINE ST.
ALTAMONTE SPRINGS, FL 32701**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CONWAY, LOUCIOUS C JR**
STREET ADDRESS **700 ALPINE ST.**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **P/D** ☒ Change ☐ Addition
NAME **LUCIOUS C Conway, Jr., Pastor**
STREET ADDRESS **700 Alpine Street**
CITY-ST-ZIP **Altamonte Springs FL 32701**

TITLE **SD** ☐ Delete
NAME **WILLIAMS, LILLIE PEARL PASTOR**
STREET ADDRESS **700 ALPINE ST.**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **T/D** ☒ Change ☐ Addition
NAME **Lillie Pearl L Williams**
STREET ADDRESS **700 Alpine Street**
CITY-ST-ZIP **Altamonte Springs, FL 32701**

TITLE **TD** ☒ Delete
NAME **TANNER, PRELL**
STREET ADDRESS **1100 WILLOW AVE.**
CITY-ST-ZIP **SANFORD, FL**

TITLE **S/D** ☐ Change ☒ Addition
NAME **Elizabeth Tanner**
STREET ADDRESS **1100 Willow Ave me**
CITY-ST-ZIP **Sanford, FL 32773**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Bernice Johnson**
STREET ADDRESS **150 Country Club Drive**
CITY-ST-ZIP **Sanford, FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Costa Loretta Turner**
STREET ADDRESS **21 Cawn Moughton Ter.**
CITY-ST-ZIP **Sanford, FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Sharon Snapp**
STREET ADDRESS **700 Alpine Street**
CITY-ST-ZIP **Altamonte Springs, FL 32701**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/04 (407) 293-3492