# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2004**
**Secretary of State**

DOCUMENT# N03000003438

**Entity Name:** STUBBS EVANGELISTIC OUTREACH MINISTRIES INC

**Current Principal Place of Business:**

35 LINCOLN BLVD.
EATONVILLE, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

35 LINCOLN BLVD.
EATONVILLE, FL 32801 US

**New Mailing Address:**

**FEI Number: 74-3087479** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

STUBBS, ANNETTE M P
35 LINCOLN BLVD.
EATONVILLE, FL 32810 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: P ( ) Delete
Name: STUBBS, ANNETTE M PRES.
Address: 35 LINCOLN BLVD.
City-St-Zip: EATONVILLE, FL 32801

Title: VP ( ) Delete
Name: STUBBS, CAL H VICEP.
Address: 7006 STAPOINT CT.SUITE A
City-St-Zip: WINTERPARK, FL 32792 US

Title: T ( ) Delete
Name: STUBBS, SHANTAE L TREAS.
Address: 7006 STAPOINT CT.SUITE A
City-St-Zip: WINTERPARK, FL 32792 US

Title: S (X) Delete
Name: STUBBS, SHEANEAKA L SECT.
Address: 7006 STAPOINT CT SUITE A
City-St-Zip: WINTERPARK, FL 32972 US

Title: A (X) Delete
Name: STUBBS, LEAMON H ADVISOR
Address: 7006STAPOINT CT.SUITE A
City-St-Zip: WINTERPARK, FL 32972 US

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

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

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

Title: ADM (X) Change ( ) Addition
Name: ALLEN, DARLENE ADMINST
Address: 251 CLARKE ST
City-St-Zip: EATONVILLE, FL 32751

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

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: ANNETTE M.STUBBS PRES 04/30/2004

Electronic Signature of Signing Officer or Director — Date