

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90052 025 ****61.25

DOCUMENT # N03000004170

1. Entity Name

PRAISE AND WORSHIP OUTREACH MINISTRIES, INC.



Principal Place of Business

2803 NORTH TAMiami TRAIL
SARASOTA FL 34236

Mailing Address

2803 NORTH TAMiami TRAIL
SARASOTA FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1341-14th St

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

4. FEI Number

41-2120742

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

34236-2507

USA

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

MAYS, ETHEL D
1341 14TH ST.
SARASOTA FL 34234

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

Ethel Mays

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 D ☐ Delete
NAME MAYS, ETHEL
STREET ADDRESS 1341 14TH ST.
CITY-ST-ZIP SARASOTA FL 34234

TITLE T ☐ Delete
NAME ROYAL, CHERINE
STREET ADDRESS 1341 14TH ST.
CITY-ST-ZIP SARASOTA FL 34234

TITLE S ☐ Delete
NAME KEYES, JANELLE
STREET ADDRESS 1313 GULFSTREAM CIRCLE, APT. 301
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

Ethel Mays

Date

Daytime Phone #

2/7/05

941/9534733