

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

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90042 032 ****61.25

DOCUMENT # N03000005324

1. Entity Name

STRAITWAY OUTREACH MINISTRIES, INC.



Principal Place of Business

**9901 WESTVIEW DR #312
CORAL SPRINGS FL 33076**

Mailing Address

**9901 WESTVIEW DR #312
CORAL SPRINGS FL 33076**

34040370



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

57-1171958

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAMPKIN, VICTORIA L
9901 WESTVIEW DR #312
CORAL SPRINGS FL 33076**

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

**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 PD
NAME LAMPKIN, JEFFREY ☐ Delete
STREET ADDRESS 9901 WESTVIEW DR #312
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ED
NAME THOMPSON, ALVIN ☒ Delete
STREET ADDRESS 2120 NW 29TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE MD
NAME LAMPKIN, VICTORIA L ☐ Delete
STREET ADDRESS 9901 WESTVIEW DR #312
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE SD
NAME TAYLOR, SHARON ☒ Delete
STREET ADDRESS 2120 NW 29TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE D
NAME SIMMONS, FELTON ☒ Delete
STREET ADDRESS 9901 WESTVIEW DR #312
CITY-ST-ZIP CORAL SPRINGS FL 33076

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

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

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 #

PRES 4-5-04

**954-
829-8624**