


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90013 023 \*\*\*\*61.25

<b>DOCUMENT # N03000005324</b> 1. Entity Name <b>STRAITWAY OUTREACH MINISTRIES, INC.</b>					
Principal Place of Business 9901 WESTVIEW DR #312 CORAL SPRINGS, FL 33076			Mailing Address 9901 WESTVIEW DR #312 CORAL SPRINGS, FL 33076		
2. Principal Place of Business <b>6807 OAKMONT</b> Suite, Apt. #, etc.		3. Mailing Address <b>6807 OAKMONT</b> Suite, Apt. #, etc.			
City & State <b>NORTH LAUDERDALE, FL</b>		City & State <b>NORTH LAUDERDALE, FL</b>		4. FEI Number <b>57-1171958</b>	
Zip <b>33068</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LAMPKIN, VICTORIA L</b> <b>9901 WESTVIEW DR #312</b> <b>CORAL SPRINGS, FL 33076</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6807 OAKMONT</b> City <b>NORTH LAUDERDALE, FL</b> Zip Code <b>33068</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMPKIN, JEFFREY 9901 WESTVIEW DR #312 CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6807 OAKMONT</b> <b>NORTH LAUDERDALE, FL 33068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD LAMPKIN, VICTORIA L 9901 WESTVIEW DR #312 CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6807 OAKMONT</b> <b>NORTH LAUDERDALE, FL 33068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>K.A.N. Z</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>President</b>		<b>8-22-05</b> <small>Date</small>
			<b>954-829-8624</b> <small>Daytime Phone #</small>		

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07272005 Chg-NP CR2E037 (10/03)