

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90074 019 ****70.00

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1. Entity Name
CITY WIDE EVANGELISTIC OUTREACH MINISTRY, INC.



Principal Place of Business
4192 GALLIMORE ST
ORLANDO, FL 32811

Mailing Address
4192 GALLIMORE ST
ORLANDO, FL 32811

94068132



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

43-2045303

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COOPER, JEWELL
4192 GALLIMORE ST
ORLANDO, FL 32811

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME COOPER, JEWELL
STREET ADDRESS 4192 GALLIMORE ST
CITY-ST-ZIP ORLANDO, FL 32811

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

TITLE T ☐ Delete
NAME TURMAN, GRACIE
STREET ADDRESS 108 LEONARD CT
CITY-ST-ZIP ORLANDO, FL 32811

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

TITLE S ☐ Delete
NAME PENDER, MILDRED
STREET ADDRESS 4662 OLIVA ST
CITY-ST-ZIP ORLANDO, FL 32811

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

TITLE D ☐ Delete
NAME FERRAND, ELONE
STREET ADDRESS 6301 LAKEWESTERN PT
CITY-ST-ZIP ORLANDO, FL

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

TITLE D ☐ Delete
NAME BROWN, MARY
STREET ADDRESS 1409 KOZART
CITY-ST-ZIP ORLANDO, FL 32811

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

TITLE D ☐ Delete
NAME WILLIAMS, MAE
STREET ADDRESS 3303 WALLER PLACE
CITY-ST-ZIP ORLANDO, FL 32805

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 #

4/17/04

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **43-2045303**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested City Wide Evangelistic Outreach Ministry, Inc.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 4192 Baltimore St.	
	5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code Orlando Fla. 32811	5b City, state, and ZIP code
	6 County and state where principal business is located Orange Florida	
7a Name of principal officer, general partner, grantor, owner, or trustor Jewell Cooper		7b SSN, ITIN, or EIN

8a Type of entity (check only one box)		<input type="checkbox"/> Estate (SSN of decedent)	
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Plan administrator (SSN)	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Trust (SSN of grantor)	
<input type="checkbox"/> Corporation (enter form number to be filed) ▶		<input type="checkbox"/> National Guard	
<input type="checkbox"/> Personal service corp.		<input type="checkbox"/> State/local government	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative	
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Non-Profit Community Faith BASE org.		<input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Indian tribal governments/enterprises	
		Group Exemption Number (GEN) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Fla	Foreign country
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9 Reason for applying (check only one box)		<input type="checkbox"/> Banking purpose (specify purpose) ▶	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ New Ministry		<input type="checkbox"/> Changed type of organization (specify new type) ▶	
<input type="checkbox"/> Purchased going business		<input type="checkbox"/> Created a trust (specify type) ▶	
<input type="checkbox"/> Hired employees (Check the box and see line 12.)		<input type="checkbox"/> Created a pension plan (specify type) ▶	
<input type="checkbox"/> Compliance with IRS withholding regulations			
<input type="checkbox"/> Other (specify) ▶			

10 Date business started or acquired (month, day, year) 9/4/2003	11 Closing month of accounting year 12/31/2004
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶	Agricultural	Household	Other <input checked="" type="radio"/>
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14 Check one box that best describes the principal activity of your business.		<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Wholesale-other
		<input checked="" type="checkbox"/> Other (specify)	<input type="checkbox"/> Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. N/A

16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name JOSEPHINE EVERSON	Designee's telephone number (include area code) (407) 405-1433
	Address and ZIP code 4100 E. Dixon Dr. Orlando, FLA 32808	Designee's fax number (include area code) (407) 522-9249
	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Name and title (type or print clearly) ▶ Jewell Cooper President		Applicant's telephone number (include area code) (407) 425-8923
Signature ▶ Jewell Cooper		Applicant's fax number (include area code) ()
Date ▶		

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 E

0532926580

Your Telephone Number Best Time to Call
(407) 4258923 3 PM

DATE OF THIS NOTICE: 03-17-2004
EMPLOYER IDENTIFICATION NUMBER: 43-2045303
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023
[Barcode]

CITY WIDE EVANGELISTIC OUTREACH
MINISTRY INC
4192 GALLIMORE ST
ORLANDO FL 32811