

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90024 032 \*\*\*\*70.00

DOCUMENT # N03000007798



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

50017369



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 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 Jewell Cooper  
Street Address (P.O. Box Number is Not Acceptable) 4192 Gallimore Street  
Orlando Fla. 32811  
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 Jewell Cooper

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-2005

Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | P                   | <input type="checkbox"/> Delete |
| NAME           | COOPER, JEWELL      |                                 |
| STREET ADDRESS | 4192 GALLIMORE ST   |                                 |
| CITY-ST-ZIP    | ORLANDO, FL 32811   |                                 |
| TITLE          | T                   | <input type="checkbox"/> Delete |
| NAME           | TURMAN, GRACIE      |                                 |
| STREET ADDRESS | 108 LEONARD CT      |                                 |
| CITY-ST-ZIP    | ORLANDO, FL 32811   |                                 |
| TITLE          | S                   | <input type="checkbox"/> Delete |
| NAME           | PENDER, MILDRED     |                                 |
| STREET ADDRESS | 4662 OLIVA ST       |                                 |
| CITY-ST-ZIP    | ORLANDO, FL 32811   |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | FERRAND, ELONE      |                                 |
| STREET ADDRESS | 6301 LAKEWESTERN PT |                                 |
| CITY-ST-ZIP    | ORLANDO, FL         |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | BROWN, MARY         |                                 |
| STREET ADDRESS | 1409 KOZART         |                                 |
| CITY-ST-ZIP    | ORLANDO, FL 32811   |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, MAE       |                                 |
| STREET ADDRESS | 3303 WALLER PLACE   |                                 |
| CITY-ST-ZIP    | ORLANDO, FL 32805   |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: Jewell Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-2005 407-425-

Date

Daytime Phone #

8923