

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 11, 2004 8:00 am**  
**Secretary of State**

06-11-2004 90001 006 \*\*\*\*70.00

**DOCUMENT # N03000008442**



1. Entity Name  
**SHARPES COMMUNITY OUTREACH MINISTRIES, INC**

Principal Place of Business  
**4115 DEVOE AVENUE  
COCOA, FL 32927 US**

Mailing Address  
**P O BOX # 201  
SHARPES, FL 32959 US**

**54057161**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06082004

Chg-NP

CR2E037 (10/03)

4. FEI Number

**20-0266448**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, MOSE JR.  
945 PALM STREET  
COCOA, FL 32927**

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

**Filing Fee is \$61.25  
Due by September 8, 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 **P** ☐ Delete  
NAME **SMITH, MOSE JR.**  
STREET ADDRESS **945 PALM STREET**  
CITY-ST-ZIP **COCOA, FL 32927**

TITLE **VP** ☐ Delete  
NAME **SMITH, MAXINE Y**  
STREET ADDRESS **945 PALM STREET**  
CITY-ST-ZIP **COCOA, FL 32927**

TITLE **S** ☐ Delete  
NAME **GARRETT, MARY F**  
STREET ADDRESS **2600 CLEARLAKE ROAD #14B**  
CITY-ST-ZIP **COCOA, FL 32922**

TITLE **T** ☐ Delete  
NAME **HENRY-FOX, BRENDA**  
STREET ADDRESS **P O BOX #4**  
CITY-ST-ZIP **SHARPES, FL 32959**

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

TITLE ☐ Change ☐ Addition  
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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:**

*Mose Smith, Jr* **Mose Smith, JR** **6/8/04** **(321)634-6867**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #