


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90373 021 \*\*\*\*61.25

DOCUMENT # N0400000782			
1. Entity Name SPIRIT OF THE LIVING GOD OUTREACH MINISTRIES, INC.			
Principal Place of Business 4735 NW 4TH STREET PLANTATION FL 33317		Mailing Address 4735 NW 4TH STREET PLANTATION FL 33317	
2. Principal Place of Business 5907 POLK ST Suite, Apt. #, etc.		3. Mailing Address 5907 POLK ST Suite, Apt. #, etc.	
City & State Hollywood, FL Zip 33021		City & State Hollywood, FL Zip 33021	
4. FEI Number 651216066		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, JOYCE 4735 NW 4TH STREET PLANTATION FL 33317		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when re-registering)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CAMPBELL, ANDREW M 4735 NW 4TH STREET PLANTATION FL 33317	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VT CAMPBELL, JOYCE M 4735 NW 4TH STREET PLANTATION FL 33317	TITLE	Campbell, Joyce M
NAME		NAME	5907 Polk St
STREET ADDRESS		STREET ADDRESS	Hollywood, FL 33021
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S RHOADS, SHARON 9864 NW 6 COURT PLANTATION FL 33324	TITLE	Loretta Haushin
NAME		NAME	401 SW 70 Ave
STREET ADDRESS		STREET ADDRESS	Penbrooke Pines 33023
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Joyce M. Campbell</u>		4/12/05 (754) 234 9528	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	