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

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FILED
May 19, 2005 8:00 am
Secretary of State
04-19-2005 90373 021 ****61.25

DOCUMENT # N04000000782

1. Entity Name

SPIRIT OF THE LIVING GOD OUTREACH MINISTRIES, INC.

Principal Place of Business	Mailing Address
4735 NW 4TH STREET PLANTATION FL 33317	4735 NW 4TH STREET PLANTATION FL 33317

2. Principal Place of Business	3. Mailing Address
5907 Polk ST	5907 Polk ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Hollywood, FL	Hollywood, FL
Zip: 33021	Zip: 33021
Country	Country

1st MOORE CR2E037 (10/04)

4. FEI Number: 651216066 — Applied For / Not Applicable

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
CAMPBELL, JOYCE 4735 NW 4TH STREET PLANTATION FL 33317	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

FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, ANDREW M 4735 NW 4TH STREET PLANTATION FL 33317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CAMPBELL, JOYCE M 4735 NW 4TH STREET PLANTATION FL 33317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Campbell Joyce M 5907 Polk ST Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RHOADS; SHARON 9864 NW 6 COURT PLANTATION FL 33324 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Loretta Haughton 401 SW 70 Ave Pembroke Pines 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Joyce M. Campbell — 4/12/05 — (754) 234 9528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #