

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002745

FILED
Jan 16, 2005
Secretary of State

Entity Name: HEDGES & HIGHWAYS OUTREACH MINISTRIES, INC

Current Principal Place of Business:

6169 POPE PLACE
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

6169 POPE PLACE
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3701403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRADY, JIMMY
10310 PLANTERS WOOD DR
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATTHEWS, BRUCE A SR
Address: 6169 POPE PLACE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: GRADY, JIMMY
Address: 10310 PLANTERS WOOD DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: ST () Delete
Name: MATTHEWS, LAURENE D
Address: 6169 POPE PLACE
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MATTHEWS, LAURENE D
Address: 6169 POPE PLACE
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Change (X) Addition
Name: BROWN, WENNELL G
Address: 10765 MAREEBA ROAD
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE A. MATTHEWS SR.

D

01/16/2005

Electronic Signature of Signing Officer or Director

Date