

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

FILED
Aug 30, 2005 8:00 am
Secretary of State

07-07-2005 90009 038 ****87.50

| | | | |
|---|--|---|---|
| DOCUMENT # N04000003303 1. Entity Name THE ST. STEPHEN'S CALVARY OUTREACH MINISTRY, INC. | | | |
| Principal Place of Business 1344-29TH STREET SOUTH ST PETERSBURG FL 33712 | | Mailing Address 1344-29TH STREET SOUTH ST PETERSBURG FL 33712 | |
| 2. Principal Place of Business 1682 19th A/S Suite, Apt. #, etc. | | 3. Mailing Address 1682 19th A/S Suite, Apt. #, etc. | |
| City & State St. Petersburg FL Zip 33712 | | City & State St. Petersburg FL Zip 33712 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-3693210 | | 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 THOMAS DAVENPORT 1344-29th STREET SOUTH ST PETERSBURG FL 33712 | | 7. Name and Address of New Registered Agent Name: THOMAS DAVENPORT Street Address (P.O. Box Number is Not Acceptable): 1682 19th A/S City: St. Petersburg FL Zip Code: 33712 | |
| 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: THOMAS DAVENPORT (Signature, typed or printed name of registered agent and title if applicable) DATE: 7-1-05 | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | P DAVENPORT, THOMAS A 1344-29TH STREET SOUTH ST PETERSBURG FL 33712 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DAVENPORT, WILLIA MAE 1344-29TH STREET SOUTH ST PETERSBURG FL 33712 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BURCH, DORIS 1344-29TH STREET SOUTH ST PETERSBURG FL 33712 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROBINSON, TAMMY 1344-29TH STREET SOUTH ST PETERSBURG FL 33712 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: THOMAS DAVENPORT (Typed Name of Signing Officer or Director) Date: 7-01-05 Daytime Phone #: 898-4080 | | | |