

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

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| <b>DOCUMENT # N04000003593</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                                         |                                                                                |
| <b>1. Entity Name</b><br>VICTORY OVER DARKNESS BAPTIST CHURCH, P.O. BOX 10000<br>OUTREACH MINISTRIES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                                                                                                                         |                                                                                |
| <b>Principal Place of Business</b><br>1162 NW 61ST ST<br>MIAMI FL 33127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              | <b>Mailing Address</b><br>1162 NW 61ST ST<br>MIAMI FL 33127                                                                             |                                                                                |
| <b>2. Principal Place of Business</b><br>1162 N. W. 61 STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              | <b>3. Mailing Address</b>                                                                                                               |                                                                                |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              | Suite, Apt. #, etc.                                                                                                                     |                                                                                |
| <b>City &amp; State</b><br>MIAMI, FLORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              | <b>City &amp; State</b>                                                                                                                 |                                                                                |
| <b>Zip</b> 33127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                              | <b>Country</b>                                                                                                                          |                                                                                |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MORLEY, AUBRY G<br>1162 NW 61ST ST<br>MIAMI FL 33127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                |
| <b>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.</b><br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                  |                                                              |                                                                                                                                         |                                                                                |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              | <b>9. Election Campaign Financing, Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>             |                                                                                |
| <b>Make Check Payable to Florida Department of State.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                                                                                                                         |                                                                                |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                            |                                                                                |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PCHM<br>MORLEY, AUBRY G<br>1162 NW 61ST ST<br>MIAMI FL 33127 | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                              | Trustee/Treasure<br>John Peoples<br>1953 N.W. 51st Terr<br>MIAMI FLORIDA 33142 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STEVENS, ISHMAEL<br>2947 N.W. 69TH TERR<br>MIAMI FL 33147    | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                              | 800049682208<br>04/01/05--01064--016--**70.25                                  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MORLEY, TANGANYIKA<br>6935 N.W. 6TH COURT<br>MIAMI FL 33150  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                              | 800049682208<br>04/01/05--01064--017--**8.75                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | [Blank]                                                      | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                              | [Blank]                                                                        |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | [Blank]                                                      | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                              | [Blank]                                                                        |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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.</b> |                                                              |                                                                                                                                         |                                                                                |
| <b>SIGNATURE: Aubry G. Morley PCHM Aubry G. Morley</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              | <b>Feb. 28, 05-305-7545363</b>                                                                                                          |                                                                                |