

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004241

FILED  
Feb 11, 2005  
Secretary of State

Entity Name: "EVERYDAY TRUTH" OUTREACH MINISTRY, INC.

## Current Principal Place of Business:

404 AVENUE C  
PORT SAINT JOE, FL 32456 US

## New Principal Place of Business:

325 JEHU ROAD  
WEWAHITCHKA, FL 32465 US

## Current Mailing Address:

404 AVENUE C  
PORT SAINT JOE, FL 32456 US

## New Mailing Address:

P.O. BOX 454  
WEWAHITCHKA, FL 32465 US

FEI Number: 13-4234790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEST, JENATTA P  
404 AVENUE C  
PORT SAINT JOE, FL 32456 US

## Name and Address of New Registered Agent:

BEST, JENATTA P  
P.O. BOX 454  
WEWAHITCHKA, FL 32465 US

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:

02/11/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BEST, JENATTA P  
Address: 404 AVENUE C  
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: VP ( ) Delete  
Name: BEST, ULYSSEE  
Address: 404 AVENUE C  
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: SEC ( ) Delete  
Name: FRAZIER, PHAREN J  
Address: 111 GRAY/ANDERSON ROAD  
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: TREA ( ) Delete  
Name: DIXSON, ALICE F  
Address: 520 KENNY STREET  
City-St-Zip: PORT SAINT JOE, FL 32456 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BEST, JENATTA P  
Address: P.O. BOX 454  
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: VP (X) Change ( ) Addition  
Name: PRICE, STEPHANIE R  
Address: P.O. BOX 1085  
City-St-Zip: WEWAHITCHKA, FL 32465 US

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

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

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: JENATTA P. BEST

P

02/11/2005

Electronic Signature of Signing Officer or Director

Date