2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400005600

FILED Apr 30, 2005 Secretary of State

Entity Name: IN THE WOODS OUTREACH MINISTRY, INC.

Current Principal Place of Business:			New	New Principal Place of Business:		
	OBSON RD ILLE, FL 346	601				
Current Mailing Address:			New	New Mailing Address:		
	OBSON RD ILLE, FL 346	501				
FEI Number:	20-1205986	FEI Number Applied For ()	FEI Number No	t Applicable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name	and Addre	ss of New Registered Agent:	
	OTHY OBSON RD ILLE, FL 346	501 US				
	named entity of Florida.	submits this statement for the	purpose of chan	ging its regis	tered office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			jent	Date		
OFFICERS AND DIRECTORS:			ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (LISK, ALFRED 22649 JACOB BROOKSVILLI	SON RD	Title: Name: Addres City-Sl		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LISK, TIMOTH 22649 JACOB BROOKSVILL	SON RD	Title: Name: Addres City-Si		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BARBEE, STA 710 HERITAGI MONROE, GA	E RIDGE	Title: Name: Addres City-Sl		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BERMOSKY, 11494 PINEW BROOKSVILLI	OOD DR	Title: Name: Addres City-Si	s: 11494	(X) Change()Addition DSKY, JIMMY PINEWOOD DR KSVILLE, FL 32713	
Title: Name: Address: City-St-Zip:	D (BEEBE, GREC 11494 SEDAT BROOKSVILLI	E ST	Title: Name: Addres City-Sl		() Change () Addition	

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: TIMOTHY D. LISK D 04/30/2005