

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90319 011 \*\*\*\*70.00

**DOCUMENT # N04000005768**

1. Entity Name  
**LIFELINE OUTREACH INTERNATIONAL COMMUNITY  
DEVELOPMENT CORPORATION**



Principal Place of Business  
**3428 PHOENIX AVE  
JACKSONVILLE, FL 32206**

Mailing Address  
**3428 PHOENIX AVE  
JACKSONVILLE, FL 32206**

**50037390**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252005

Chg-NP

CR2E037 (10/03)

City & State

City & State

FBI Number

**20-1206019**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, BRUCE B DR  
3428 PHOENIX AVE  
JACKSONVILLE, FL 32206**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete  
NAME PHILLIPS, BRUCE B DR  
STREET ADDRESS 3428 PHOENIX AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME PHILLIPS, MATTIE  
STREET ADDRESS 3428 PHOENIX AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME JOHNSON, PATRICIA  
STREET ADDRESS 4218 SPRINGFIELD BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME BRADLEY, JESSE  
STREET ADDRESS 1980 W 3RD ST  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Dr. Bruce B. Phillips PD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-1-05* *904-632-0658*  
Date Daytime Phone #