

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jun 20, 2005 8:00 am  
Secretary of State**

06-20-2005 90001 049 \*\*\*\*70.00

DOCUMENT # N04000005867		
1. Entity Name FULL TRUTH CHURCH OF GOD OUTREACH MINISTRIES INC.		

Principal Place of Business 6239 EDGEWATER DRIVE ORLANDO, FL 32810	Mailing Address 221 JAY DRIVE ALTAMONTE SPRINGS, FL 32714
--	---

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOLOMON, INA 221 JAY DRIVE ALTAMONTE SPRINGS, FL 32714		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

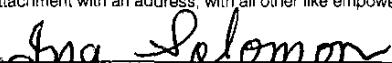
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by September 7, 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											
<p>TITLE D NAME SOLOMON, INA STREET ADDRESS 221 JAY DRIVE CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714</p> <p><input type="checkbox"/> Delete</p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</p> <table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME											
STREET ADDRESS											
CITY-ST-ZIP											
<p>TITLE D NAME SLUE, JOYCE STREET ADDRESS 221 JAY DRIVE CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714</p> <p><input type="checkbox"/> Delete</p>		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME											
STREET ADDRESS											
CITY-ST-ZIP											
<p>TITLE D NAME SLUE, CHANTAL STREET ADDRESS 882 E. TIMBERLAND TRAIL CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714</p> <p><input type="checkbox"/> Delete</p>		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME											
STREET ADDRESS											
CITY-ST-ZIP											
<p><input type="checkbox"/> Delete</p>		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME											
STREET ADDRESS											
CITY-ST-ZIP											
<p><input type="checkbox"/> Delete</p>		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME											
STREET ADDRESS											
CITY-ST-ZIP											
<p><input type="checkbox"/> Delete</p>		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #