

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90591 001 *****8.75
05-08-2006 90591 002 *****61.25

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

**600 N. Hwy 17-92
Suite, Apt. #, etc. Suite 114
City & State Longwood, FL
Zip 32750 Country**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

73-1712154

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

**SOLOMON, INA
221 JAY DRIVE
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE ☐ Delete
NAME **SOLOMON, INA**
STREET ADDRESS **221 JAY DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME **SLUE, JOYCE**
STREET ADDRESS **221 JAY DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME **SLUE, CHANTAL**
STREET ADDRESS **882 E, TIMBERLAND TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: INA Solomon

4/26/06