

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90097 019 ****70.00

DOCUMENT # N04000009628

1. Entity Name

JESUS PEOPLE WORLDWIDE MINISTRIES & OUTREACH INC.



Principal Place of Business

5179 ARLINGTON ROAD
COCOA FL 32927

Mailing Address

5179 ARLINGTON ROAD
COCOA FL 32927

2. Principal Place of Business

5605 N. US1
Suite, Apt. #, etc.

STE 187-188

City & State

Cocoa FL 32927

Zip
32927

Country
USA

3. Mailing Address

P.O. Box 238284
Suite, Apt. #, etc.

City & State

Cocoa FL

Zip
32923-8284

Country
USA



1st MOORE

CR2E037 (10/04)

4. FEI Number

75-3171050

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, RACHEL G
5179 ARLINGTON ROAD
COCOA FL 32927

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS MUNOZ, RACHEL G
CITY-ST-ZIP 5179 ARLINGTON ROAD
COCOA FL 32927

TITLE ☐ Delete
NAME D
STREET ADDRESS COLGIN, CLYDE S
CITY-ST-ZIP 6500 S.R. RD 520
COCOA FL 32926

TITLE ☐ Delete
NAME D
STREET ADDRESS COLGIN, MELVIN E
CITY-ST-ZIP 6500 S.R. ROAD 520
COCOA FL 32926

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

TITLE ☐ Change ☐ Addition
NAME
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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 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: *Rachel G. Munoz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-19-05

321-749-8894

Date

Daytime Phone #