
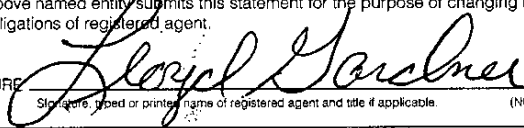
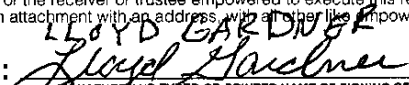


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-08-2006 90301 045 \*\*\*\*70.00

<b>DOCUMENT # N05000005688</b> 1. Entity Name <b>BEAT THE STREET OUTREACH MINISTRY, INC.</b>					
Principal Place of Business <b>6107 - E6 MEMORIAL HWY TAMPA, FL 33615</b>			Mailing Address <b>6107 - E6 MEMORIAL HWY TAMPA, FL 33615</b>		
2. Principal Place of Business <b>10205 OASIS PALM DRIVE</b>			3. Mailing Address <b>10205 OASIS PALM DRIVE</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>TAMPA FL</b>			City & State <b>TAMPA FL</b>		
Zip <b>33615</b>			Zip <b>33615</b>		
Country <b>Hillborough</b>			Country <b>Hillborough</b>		
4. FEI Number <b>20-2927931</b>			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>GARDNER, LLOYD 6107 - E6 MEMORIAL HWY TAMPA, FL 33615</b>			7. Name and Address of New Registered Agent Name <b>GARDNER LLOYD</b> Street Address (P.O. Box Number is Not Acceptable) <b>10205 OASIS PALM DRIVE</b> City <b>TAMPA</b> FL <b>33615</b>		
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  DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	GARDNER, LLOYD		STREET ADDRESS	GARDNER-LLOYD	
CITY-ST-ZIP	6107 - E6 MEMORIAL HWY TAMPA, FL 33615		CITY-ST-ZIP	10205 OASIS PALM DRIVE TAMPA FL 33615	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ANTHONY		NAME		
STREET ADDRESS	6107 - E6 MEMORIAL HWY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, ERIC		NAME		
STREET ADDRESS	6107 - E6 MEMORIAL HWY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, TANAL		NAME		
STREET ADDRESS	6107 - E6 MEMORIAL HWY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			Date <b>05-01-06</b> Daytime Phone # <b>813-451-1387</b>		