

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009754

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Entity Name:** MURRAY REEVES FAITH & BELIEF OUTREACH MINISTRIES, INC

**Current Principal Place of Business:**

390 SE COUNTY ROAD 337  
TRENTON, FL 32693 US

**New Principal Place of Business:**

**Current Mailing Address:**

390 SE COUNTY ROAD 337  
TRENTON, FL 32693 US

**New Mailing Address:**

**FEI Number:** 20-3523413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REEVES, MURRAY F  
390 SE COUNTY RD 337  
TRENTON, FL 32693 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: REEVES, MURRAY F  
Address: 390 SE COUNTY RD 337  
City-St-Zip: TRENTON, FL 32693

Title: S/TD  
Name: REEVES, KATHRYN H  
Address: 390 SE COUNTY RD 337  
City-St-Zip: TRENTON, FL 32693

Title: VPD  
Name: KEEN, TSCHARNA N  
Address: 1534 SW DEKLE RD  
City-St-Zip: LAKE CITY, FL 32024

Title: VPD  
Name: ARRINGTON, HOPE  
Address: 7239 SE 80TH STREET  
City-St-Zip: TRENTON, FL 32693

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN H REEVES

S/TD

02/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date