

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N08000010543 1. Entity Name FIRST EXODUS OUTREACH, SPIRIT-FILLED MINISTRIES, INC.					
Principal Place of Business 8287 HUNTERS RIDGE TRAIL TALLAHASSEE, FL 32312			Mailing Address PO BOX 5374 TALLAHASSEE, FL 32314		
2. Principal Place of Business - No P.O. Box #		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 JOHNSON, PRISCILLA 82787 HUNTERS RIDGE TRAIL TALLAHASSEE, FL 32312				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 <i>Priscilla Johnson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>10/19/2012</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 28, 2012		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD JOHNSON, PRISCILLA PO BOX 5374 TALLAHASSEE, FL 32314		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300240999853 10/19/12--01015--018 **61.25	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HAMILTON, NATHAN P O BOX 5374 TALLAHASSEE, FL 32314		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300240999853 10/19/12--01015--019 **8.75	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST WILLIAMS, ANGEL P O BOX 5374 TALLAHASSEE, FL 32314		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WILBORN, AL P.O. BOX 5374 TALLAHASSEE, FL 32314		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Priscilla Johnson</i> <i>10/19/12</i> <i>firstexodus@embargo@mail.com</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS</small>					

FILED

12 OCT 19 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10182012 Chg-NP CR2E037 (12/11)

4. FEI Number
APPLIED FOR

Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

for Brenda Tollet

10/19