

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90335 009 ****70.00

DOCUMENT # N18917

1. Entity Name
BETHESDA OUTREACH MINISTRIES, INC.



Principal Place of Business
**1963 12TH ST
C & D
SARASOTA, FL 34236**

Mailing Address
**PO BOX 48331
SARASOTA, FL 34230**

40072468



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282006

Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2781228

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, JOHN L
5681 BENTGRASS DRIVE
APT 101
SARASOTA, FL 34232**

7. Name and Address of New Registered Agent

Name **PETER GREENIDGE**
Street Address (P.O. Box Number is Not Acceptable)

4959 CEDAR OAK WAY

City **SARASOTA**

FL

Zip Code **34233**

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

**Filing 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 **D**
STREET ADDRESS **DAVIS, JOHN L**
CITY-ST-ZIP **5681 BENTGRASS DR
SARASOTA, FL 34235**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **FREELAND EDDIE, SHELLI**
CITY-ST-ZIP **4409 MCINTOSH PARK DR APT 205
SARASOTA, FL 34231**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COKLEY, HENRY**
CITY-ST-ZIP **3750 LOKAI
SARASOTA, FL 34236**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JAMES, TWYLA**
CITY-ST-ZIP **1811 CONRAD AV
SARASOTA, FL 34234**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **REDDING, RICHARD**
CITY-ST-ZIP **2653 22ND ST
SARASOTA, FL 34234**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **PETER GREENIDGE**
CITY-ST-ZIP **4959 CEDAR OAK WAY
SARASOTA, FL 34233**

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **SHELLI FREELAND EDDIE**
CITY-ST-ZIP **1840 WORTHINGTON
SARASOTA 34235**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **HENRY COKLEY**
CITY-ST-ZIP **2063 28TH ST
SARASOTA FL 34230**

TITLE ☐ Change ☒ Addition
NAME **JOHN BURRIS**
STREET ADDRESS **595 MOSSY CREEK DRIVE
VENICE, FL 34292**

TITLE ☐ Change ☒ Addition
NAME **DAVID SUGGS**
STREET ADDRESS **7740 SILVER BELL DR.**
CITY-ST-ZIP **SARASOTA FL 34214**

TITLE ☐ Change ☐ Addition
NAME **SHARON PIERCE**
STREET ADDRESS **3507 ROLLINS POND WAY**
CITY-ST-ZIP **SARASOTA FL 34240**

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: **Peter Greenidge**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #