

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90121 001 ****61.25

06-20-2005 90121 002 *****8.75

DOCUMENT # N29750

1. Entity Name
**INSPIRATIONAL CHURCH OF JESUS AND OUTREACH
MINISTRIES, INC.**



Principal Place of Business
**35 NE 20TH ST.
LEVY COUNTY RD. 514
WILLISTON, FL 32696**

Mailing Address
**1778 LAKEVIEW VILLAGE DRIVE
BRANDON, FL 33510**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05092005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2976032

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, ADA
1778 LAKEVIEW VILLAGE DRIVE
BRANDON, FL 33510**

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

**Filing Fee is \$61.25
Due by September 7, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BAKER, ROBERT L. PASTOR
STREET ADDRESS 1778 LAKEVIEW DRIVE
CITY-ST-ZIP BRANDON, FL 33510

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BAKER, ADA
STREET ADDRESS 1778 LAKEVIEW DRIVE
CITY-ST-ZIP BRANDON, FL 33510

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BAKER, ADA
STREET ADDRESS 1778 LAKEVIEW VILLAGE DR.
CITY-ST-ZIP BRANDON, FL 33510

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MITCHELL, WHITNEY
STREET ADDRESS PO BOX 473
CITY-ST-ZIP SEFFNER, FL 33583

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AD ☐ Delete
NAME WALLACE, JOAN
STREET ADDRESS 2035 NE 20TH ST
CITY-ST-ZIP WILLISTON, FL 32696

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME WALLACE, JOHN
STREET ADDRESS 2035 NE 20TH ST
CITY-ST-ZIP WILLISTON, FL 32696

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ada Baker

6/16/05 813-651-9123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #