

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29750

FILED  
Aug 06, 2010  
Secretary of State

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

**Current Principal Place of Business:**

35 NE 20TH ST.  
LEVY COUNTY RD. 514  
WILLISTON, FL 32696

**New Principal Place of Business:**

21110 N.E. 211 CT.  
LEVY COUNTY RD. 514  
WILLISTON, FL 32696 US

**Current Mailing Address:**

1778 LAKEVIEW VILLAGE DRIVE  
BRANDON, FL 33510

**New Mailing Address:**

4902 N.36TH ST.  
TAMPA, FL 33610 US

**FEI Number:** 59-2976032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

BAKER, ADA  
4902 N. 36 TH ST.  
TAMPA, FL 33610 US

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: ADA BAKER

08/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDB  
Name: BAKER, ROBERT L. PASTOR  
Address: 4902 N. 36TH ST.  
City-St-Zip: TAMPA, FL 33610 US

Title: VP  
Name: BAKER, ADA  
Address: 4902 N. 36TH ST.  
City-St-Zip: TAMPA, FL 33610 US

Title: T  
Name: WALLACE, JOHN  
Address: 354 S.E. 10TH ST.  
City-St-Zip: WILLISTON, FL 32696 US

Title: S  
Name: JOAN, WALLACE  
Address: 354 S. E. 10TH ST.  
City-St-Zip: WILLISTON, FL 32696 US

Title: AD  
Name: WALLACE, JOAN  
Address: 354 S.E. 10TH ST.  
City-St-Zip: WILLISTON, FL 32696

Title: PD  
Name: WALLACE, JOHN  
Address: 354 S.E. 10TH ST.  
City-St-Zip: WILLISTON, FL 32696

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: ROBERT L.BAKER / PASTOR

PD

08/06/2010

Electronic Signature of Signing Officer or Director

Date