## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## **DOCUMENT # N43862**

JERICHO OUTREACH MINISTRY, INC.

Principal Place of Business								
ST. PAUL'S EPISCOPAL CHURCH 10 W KING ST								

## **FILED** Feb 26, 1999 8:00 am § Secretary of State 02-26-1999 90027 040 \*\*\*\*61.25

						,			
Principal Place of Business Mailing Address									
ST. PAUL'S EPISCOPAL CHURCH 10 W KING ST OUINCY FL 32353  OUINCY FL 32351									
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed			
:1		26				06/13/1991			
Suite, Apt. 7	#, etc.	Suite, Apt. #, etc.			[	4. FEI Number 59-3069033	<del></del>	oplied For	
2		27				38-3003003		ot Applicable Additional	
City & State	•	City & State				5. Certificate of Status Desired		equired	
Zip	Country	Zip	Cou	intry		6. Election Campaign Financing	\$5.00	May Be	
4	25	29	30			Trust Fund Contribution		to Fees	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Regist	ered Agent		
746 S ADA QUINCY F	ADELPHIA PRESB CHURCH AMS ST L 32351			81 Name  82 Street  83 11  84 City	W F 46 (D7	<u>Minaelphia Presiogle</u> <u>S Adams 57:</u> wincu	FL 85 Zip.	irch 351	
office or re	to the provisions of Sections 617.050. egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such chande was a	หมากการค	1 DV ING CORD	corpora oration	ation submits this statement for the purpo's board of directors. I hereby accept the	se of changing its appointment as re	registered egistered	
SIGNATURE		A A SALE A BIANTE	Desirtared	Agent signature r	mounicad to	den reinstatino) DA	TE	<del></del>	
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	Agent agnature i	odoned n	ADDITIONS/CHANGES TO OFFICER		ORS IN 12	
TITLE	PD	D DELETE	1.1 17	TLE	T		☐ Change	☐ Addition	
NAME	FLETCHER, HOWARD		1.2 N	AME					
STREET ADDRESS	FOREST DR. (PO BOX 899)		135	TREET ADDRESS					
	QUINCY FL 32351			TY-ST-ZIP					
TITLE	D D	DELETE	2,1 Π		1		☐ Change	Addition	
NAME	MARTIN, KENNETH		22 N	AME .				Į	
STREET ADDRESS	924 W. MYRTLE AVE.		2.3 \$	TREET ADDRESS	]		<u>ئە</u> بىر ي		
CITY-ST-ZIP	QUINCY FL 32351		240	CITY-ST-ZIP					
TITLE	SD	☐ DELETE	3.1 TI				☐ Change	☐ Addition	
NAME	BLITCH, RAY		3.2 N	AME					
STREET ADDRESS	1107 N. MAGNOLIA DR.		3.3 \$	TREET ADDRESS			* - *		
CITY-ST-ZIP	QUINCY FL 32351		3.4. 0	CITY-ST-ZIP	]	·			
TITLE	TD	☐ DELETE	4.1 TI	TLE			Change	Addition	
NAME	HALL, LAURIE V		4,21	AME		•			
	776 S DUVAL ST		4.3 S	TREET ADDRESS				]	
CITY-ST-ZIP	QUINCY FL 32351		4.4 C	TY-ST-ZIP					
TITLE		☐ DELETE	5.1 T	ITLE			☐ Change	Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET ADORESS			•		
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	6.1 T	TLE			☐ Change	Addition	
NAME	*		6.2 N	AME	1			.	
STREET ADDRESS			6.3 \$	TREET ADDRESS			:		
			640	ITY, ST. 7IP		•			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: