

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43862**

1. Entity Name  
**JERICO OUTREACH MINISTRY, INC.**



Principal Place of Business  
**ST. PAUL'S EPISCOPAL CHURCH  
10 W KING ST  
QUINCY, FL 32351**

Mailing Address  
**P.O. BOX 1774  
QUINCY, FL 32353**

**DO NOT WRITE IN THIS SPACE**



04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3069033**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HALL, LAURIE  
NEW PHILADELPHIA PRESBYTERIAN CHURCH  
746 S ADAMS ST  
QUINCY, FL 32351**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME FLETCHER, HOWARD  
STREET ADDRESS FOREST DR. (PO BOX 899)  
CITY-ST-ZIP QUINCY, FL 32351

TITLE D  
NAME MARTIN, KENNETH  
STREET ADDRESS 924 W. MYRTLE AVE.  
CITY-ST-ZIP QUINCY, FL 32351

TITLE SD  
NAME BLITCH, RAY  
STREET ADDRESS 1107 N. MAGNOLIA DR.  
CITY-ST-ZIP QUINCY, FL 32351

TITLE TD  
NAME HALL, LAURIE V  
STREET ADDRESS 776 S DUVAL ST  
CITY-ST-ZIP QUINCY, FL 32351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000358448  
05/04/05-80012-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05  
Date

539-2882  
Daytime Phone #  
# 1126