

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45581** (8)

1. Corporation Name

CHOOSE YE THIS DAY OUTREACH MINISTRY, INC.



Principal Place of Business

**4642 FAIRLEIGH AVENUE
JACKSONVILLE FL 32208
US**

Mailing Address

**4642 FAIRLEIGH AVENUE
JACKSONVILLE FL 32208
US**

3. Date Incorporated or Qualified
10/10/1991

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

21 **4642 Fairleigh Ave**

2a. Mailing Address

26 **4642 Fairleigh Ave**

4. FEI Number
59-3092916

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Jacksonville, FLA**

27 City & State

28 **Jacksonville, FLA**

Zip

24 **32208**

Country

25 **Duval**

Zip

29 **32208**

Country

30 **Duval**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCOX, MARY ANN
4642 FAIRLEIGH AVE.
4642 FAIRLEIGH AVENUE
JACKSONVILLE FL 32208**

81 Name

Mary Ann McCoy

82 Street Address (P.O. Box Number is Not Acceptable)

4642 Fairleigh Ave

83

84 City

Jacksonville

FL

85 Zip Code

32208

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D MCCOY, MARY ANN**
STREET ADDRESS **4642 FAIRLEIGH AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D PENDER, PETTY JEAN**
STREET ADDRESS **P.O. BOX 95/NA**
CITY-ST-ZIP **BALDWIN FL**

TITLE ☐ DELETE

NAME **D BOYKINS, STEPHANIE MCCOY**
STREET ADDRESS **9536 PRINCETON SQ.#1308**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **S SMITH, MCARTHUR**
STREET ADDRESS **4642 FAIRLEIGH AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **O SMITH, FANNIE**
STREET ADDRESS **4642 FAIRLEIGH AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **O SMITH, CYNTHIA**
STREET ADDRESS **411 BENSON ST**
CITY-ST-ZIP **VALRICO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **D McCoy, Mary Ann**
1.3 STREET ADDRESS **4642 Fairleigh Ave**
1.4 CITY-ST-ZIP **Jacksonville, FLA**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **D Pender, Petty Jean**
2.3 STREET ADDRESS **10620 meadowlea Dr.**
2.4 CITY-ST-ZIP **Jacksonville, FLA**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **D Boykins, Stephanie Dionne**
3.3 STREET ADDRESS **7847 Moss Point Trail Dr. E**
3.4 CITY-ST-ZIP **Jacksonville, FLA 32044**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **S Smith, McArthur**
4.3 STREET ADDRESS **4642 Fairleigh Ave**
4.4 CITY-ST-ZIP **Jacksonville, FLA**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **O Smith, Fannie**
5.3 STREET ADDRESS **4642 Fairleigh Ave**
5.4 CITY-ST-ZIP **Jacksonville, FLA**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **O Smith, Cynthia**
6.3 STREET ADDRESS **411 Benson St**
6.4 CITY-ST-ZIP **Valrico, FLA**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Mary Ann McCoy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

764-4860

Daytime Phone #

CR2E037 (12/95)