

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 # N51066 (1)

1. Corporation Name

CAMEROON OUTREACH MISSION INC.



Principal Place of Business

Mailing Address

205 E. 44TH STREET
JACKSONVILLE FL 32206

CAMEROON OUTREACH MISSION USA, INC.
P.O. BOX 40944
JACKSONVILLE FL 32203
US

3. Date Incorporated or Qualified

09/30/1992

3a. Date of Last Report

03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3138750

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

BROWN, ELLIS E. JR.
7173 RIDGEGLEN CT.
JACKSONVILLE FL 32206

81 Name

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

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
HENRY, LOUISE
STREET ADDRESS
205 E. 44TH ST.
CITY-ST-ZIP
JACKSONVILLE FL

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
ROBINSON, REV JIM
STREET ADDRESS
PO BOX 9089 NA
CITY-ST-ZIP
JACKSONVILLE FL

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
WILLIAMS, DR DEBRA
STREET ADDRESS
2505 BARRY DRIVE S
CITY-ST-ZIP
JACKSONVILLE FL

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
BOYD, CHARLENE
STREET ADDRESS
8401 GRAMPPELL DRIVE
CITY-ST-ZIP
JACKSONVILLE FL

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS

64 CITY-ST-ZIP

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:

Louise Henry - LOUISE HENRY-PRES. 38-96 904-355-7781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)