

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90093 040 ****66.25

DOCUMENT # N51066 1. Entity Name CAMEROON OUTREACH MISSION INC.					
Principal Place of Business 205 E. 44TH STREET Apt. 316 JACKSONVILLE FL 32208 601 N. NEWMAN ST JACKSONVILLE, FL 32202			Mailing Address CAMEROON OUTREACH MISSION USA, INC. P.O. BOX 40944 JACKSONVILLE FL 32203 US		
2. Principal Place of Business 601 N. NEWMAN ST Suite/Apt. #, etc. 316		3. Mailing Address AS ABOVE Suite/Apt. #, etc.			
City & State JACKSONVILLE FL Zip 32202 Country DUVAL		City & State FL Zip Country		4. FEI Number 59-3138750 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent COPELAND, SUNSHINE 4103 CLYDE DR JACKSONVILLE FL 32208					
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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENRY, LOUISE <input type="checkbox"/> Delete 205 E. 44TH ST. JACKSONVILLE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAMS, ROSE M <input type="checkbox"/> Delete 12692 SAMPSON RD JACKSONVILLE FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOYD, CHARLENE <input type="checkbox"/> Delete 8401 GRAMPELL DRIVE JACKSONVILLE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILES, MARILYN B <input type="checkbox"/> Delete 1481 W. UNION ST. JACKSONVILLE FL 32209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, EUGENE <input type="checkbox"/> Delete 631 TARPON AVE 6390 FERNANDINA BEACH FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Louise Henry-LOUISE HENRY-PRES. 4-26-05-904-355-7781 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					