

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90153 007 ****66.25

DOCUMENT # N51066

1. Entity Name

CAMEROON OUTREACH MISSION INC.



Principal Place of Business

601 N NEWNAN ST
316
JACKSONVILLE FL 32202

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3138750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPELAND, SUNSHINE
4103 CLYDE DR
JACKSONVILLE FL 32208

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when consolidating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE DT
NAME WILLIAMS, ROSE M ☐ Delete
STREET ADDRESS 12692 SAMPSON RD
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE DS
NAME BOYD, CHARLENE ☐ Delete
STREET ADDRESS 8401 GRAMPELL DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE DS
NAME MILES, MARILYN B ☐ Delete
STREET ADDRESS 1481 W. UNION ST.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE VD
NAME BELL, EUGENE ☐ Delete
STREET ADDRESS 631 TARPON AVE 6390
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE LOUISE HENRY ☒ Change ☐ Addition
NAME
STREET ADDRESS 601 N. NEWNAN ST #316
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 information.

SIGNATURE: *Louise Henry* LOUISE HENRY PRESIDENT 4-17-06-904-355-7781