## 2005 NOT-FOR-PROFIT CORPORATION

## Apr 22, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N93000004458** ECCÉLSIA OUTREACH MINISTRY, INC. icipal Place of Business Mailing Address TATTAHASSEE, FLORIDA 101 FAUL RUSSELL ROAD 1001 PAUL RUSSELL ROAD TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 59-3208001 Applied For City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIXON, REITA 1001 PAUL RUSSELL RD. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete Change TITLE TITLE Addition Addition DIXON, RENITA NAME 60005423 406 NAME \*\*125.00 STREET ADDRESS 1001 PAUL RUSSELL ROAD STREET ADDRESS 05/10/05--01094--018 TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY-ST-ZIP VD TITLE Delete TITLE ☐ Change ☐ Addition ROSIER, PEARLY M NAME STREET ADDRESS 3429 N. RIDGE RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32314 CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change Addition GASPER, ADELA NAME NAME STREET ADDRESS 1001 PAUL RUSSELL ROAD STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition WILLIAMS, COLLIS NAME NAME STREET ADDRESS 2 FAMILY CIRCLE STREET ADDRESS CITY - ST - ZIP SOPCHOPPY, FL 32358 CITY-ST-ZIP

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 of 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE: "

D

DIXON, JENZELL

WHITE, ETTA

8424 LENOVA DR.

1001 PAUL RUSSELL RD.

TALLAHASSEE, FL 32314

TALLAHASSEE, FL 32310

TITLE

NAME

THE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

**FILED** 

Daytime Phone #

Change

☐ Change

Addition

☐ Addition