


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004607 1. Entity Name OUTREACH MINISTRIES FELLOWSHIP, INC.	
--	---

Principal Place of Business 2840 E NINE MILE RD PENSACOLA, FL 32514	Mailing Address 453 BOCAGE RD. CANTONMENT, FL 32533 US
---	--



01302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3204140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HYDE, PAUL 453 BOCAGE RD CANTONMENT, FL 32533
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HYDE, PAUL 453 BOCAGE RD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HYDE, KATHY 453 BOCAGE RD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ODONNELL, JOHN 154 HOLSBERRY LANE PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, DONALD J REV P.O. BOX 21 GRIFFIN, GA 30224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, BISHOP LARRY 6757 HWY 108 N WHITWELL, TN 37397
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11000000434690
02/25/06-80012-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered.

SIGNATURE:  John O'Donnell	Date: 2-10-06	Daytime Phone #: 850
---	---------------	----------------------