

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90039 011 ****61.25

DOCUMENT # N93000005719

1. Corporation Name

OUTREACH MINISTRIES PENSACOLA, FLORIDA, INC.

Principal Place of Business

**5828 TWIN OAKS DR.
PACE FL 32571**

Mailing Address

**P.O. BOX 15143
PENSACOLA FL 32514**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

12/01/1993

4. FEI Number

59-1854157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**PEADEN, GLENNIS
5828 TWIN OAKS DR.
PACE FL 32571**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

P ☐ DELETE

NAME PEADEN, GLENNIS
STREET ADDRESS 5828 TWIN OAKS DR.
CITY-ST-ZIP PACE FL 32571

ST ☐ DELETE

NAME SEGRAVES, LINDA
STREET ADDRESS 5812 TWIN OAKS DR.
CITY-ST-ZIP PACE FL 32571

T ☐ DELETE

NAME PEADEN, ADDISON
STREET ADDRESS 5828 TWIN OAK DR.
CITY-ST-ZIP PACE FL 32571

T ☐ DELETE

NAME PEADEN, DOY
STREET ADDRESS 145 TRIC RD.
CITY-ST-ZIP MILTON FL 32571

T ☐ DELETE

NAME PEADEN, KEENAN
STREET ADDRESS 5890 TWIN OAK DR
CITY-ST-ZIP PACE FL 32571

T ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

*Keenan Peaden
4825 Anna Simpson Rd.
Milton, FL 32583 new address*

14. 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 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, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/98 *850-994-7256*
Date Daytime Phone #

CR2E037 (11/98)