

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

FILED
Apr 15, 2005 8:00 am
Secretary of State

03-07-2005 90278 021 ****61.25

DOCUMENT # N93000005719 1. Entity Name OUTREACH MINISTRIES PENSACOLA, FLORIDA, INC.					
Principal Place of Business 6120 QUINTETT RD PACE FL 32571 5329 Windham Rd. Milton FL 32570			Mailing Address P.O. BOX 15143 PENSACOLA FL 32514		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1854157	
Zip		Country		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		
PEADEN, GLENNIS 6120 QUINTETT RD PACE FL 32571			new Addison & Glennis Peaden 5329 Windham Rd. Milton, FL 32570		
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: Glennis Peaden <i>Glennis Peaden</i> 4-11-05 Signature, typed or printed name of registered agent and title if applicable. (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. ☐ \$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	P PEADEN, GLENNIS 6120 QUINTETT RD PACE FL 32571	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) Peaden, Glennis 5329 Windham Rd. Milton FL 32570	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEGRAVES, LINDA 5812 TWIN OAKS DR. PACE FL 32571	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEADEN, ADDISON 6120 QUINTETT RD PACE FL 32571	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(T) Peaden, Addison 5329 Windham Rd. Milton FL 32570	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEADEN, DOY 5437 CHIPPER LANE PACE FL 32571	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(T) Peaden, Doy 4845 Autumn Dr PACE FL 32571	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEADEN, KEENAN 4825 ANNA SIMPSON RD. MILTON FL 32583	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 817, 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: <i>Glennis Peaden</i> Glennis Peaden 2-14-05 850-6234772 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					