

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005719

FILED
Jan 19, 2006
Secretary of State

Entity Name: OUTREACH MINISTRIES PENSACOLA, FLORIDA, INC.

Current Principal Place of Business:

5329 WINDHAM RD
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15143
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 59-1854157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADDISON & GLENNIS PEADEN
5329 WINDHAM RD
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEADEN, GLENNIS
Address: 5329 WINDHAM RD
City-St-Zip: MILTON, FL 32570

Title: T () Delete
Name: PEADEN, ADDISON
Address: 5329 WINDHAM RD
City-St-Zip: MILTON, FL 32570

Title: T () Delete
Name: PEADEN, DOY
Address: 4845 AUTUMN DR
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENNIS F PEADEN

PRES

01/19/2006

Electronic Signature of Signing Officer or Director

Date