

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

T. Roberts MAY 03 2005

DOCUMENT # N95000003591

1. Entity Name  
**EVANGELISTIC OUTREACH CENTER, INC.**



FILED

*Life Changing Deliverance Center, Inc.*

Principal Place of Business  
412 POLK DRIVE  
TALLAHASSEE, FL 32301

Mailing Address  
412 POLK DRIVE  
TALLAHASSEE, FL 32301

05 APR 29 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
412 Polk Drive

3. Mailing Address  
412 Polk Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

City & State  
Tallahassee, Florida

City & State  
Tallahassee, Florida

4. FEI Number  
59-3331303

Applied For  
Not Applicable

Zip  
32301

Country  
USA

Zip  
32301

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BARKLEY, HAZEL  
412 POLK DRIVE  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name  
Hazel L. Butler

Street Address (P.O. Box Number is Not Acceptable)

412 Polk Drive

City  
Tallahassee

FL Zip Code  
32301

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 Hazel L. Butler Pastor/Director (See below)

4/29/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing 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

TITLE PD Butler ☐ Delete  
NAME BARKLEY, HAZEL L PASTOR  
STREET ADDRESS 412 POLK DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE PD ☐ Delete  
NAME BUTLER, ANTWAN  
STREET ADDRESS 7301 WAGON TRAIL LANE  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE ST ☒ Delete  
NAME BUTLER, CARRIE  
STREET ADDRESS 407 GREAT LAKES STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ST ☐ Change ☒ Addition  
NAME TAKISHA BUTLER  
STREET ADDRESS 7301 WAGON TRAIL LANE  
CITY-ST-ZIP TALLAHASSEE, FLORIDA 32301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700054015527  
05/06/05--01066--021 \*\*\$61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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: Hazel L. Butler HAZEL L. BUTLER

4/28/05 (850) 766-9768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #