

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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90162 050 ****70.00

DOCUMENT # N96000003475

1. Entity Name

THERE IS HOPE IN JESUS OUTREACH CENTER, INC.



Principal Place of Business

4501 N 42 ST
TAMPA FL 33610

Mailing Address

P.O. BOX 310306
TAMPA FL 33680

20050301



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

4501 SAME N. 42nd St.

3. Mailing Address

P.O. BOX 310306

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FLA

City & State

Tampa, FLA

Zip

33610

Country

Hills

Zip

33680

Country

Hills

4. FEI Number

59-3481127

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PASCO, LESLIE
1410 STONECREEK DR
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Leslie D. Pasco

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 26, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAKER, BRUCE N	
STREET ADDRESS	6209 N 22ND ST	
CITY - ST - ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, JANICE	
STREET ADDRESS	6209 N 22 ST	
CITY - ST - ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASCO, LESLIE D	
STREET ADDRESS	1410 STONECREEK DR	
CITY - ST - ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	LATIKAR, BAKER	
STREET ADDRESS	6209 N 22 ST	
CITY - ST - ZIP	TAMPA FL 33604	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DIANE	
STREET ADDRESS	4403 N 35TH ST	
CITY - ST - ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	
STREET ADDRESS	WAYtonia Washington	
CITY - ST - ZIP	121 South Dakota Ave.	
	Tampa FLA 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Leslie D. Pasco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 27, 2005

Date

(813) 663-0848 Chue
(813) 236-7870 Hone
(727) 942-9820

Daytime Phone #