

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

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90036 013 ****61.25

DOCUMENT # N96000004030

1. Entity Name

**COMMUNITY HOUSE OF PRAYER OUTREACH MINISTRY
INCORPORATION**



Principal Place of Business

RT. 5 BOX 6880
MADISON FL 32340

Mailing Address

RT. 5 BOX 6880
MADISON FL 32340

2. Principal Place of Business

308 SE Arnett AVE

Suite, Apt. #, etc.

3. Mailing Address

308 SE Arnett AVE

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

MADISON FL

City & State

MADISON FL

4. FEI Number

59-3406409

Applied For

Not Applicable

Zip

32340

Country

USA

Zip

32340

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JACKSON, MARY ALICE
RT. 5 BOX 6880
MADISON FL 32340**

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, MARY ALICE	
STREET ADDRESS	RT. 5 BOX 6880	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILTON, TYWANDA	
STREET ADDRESS	420 BUNKER ST	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, WILLIE	
STREET ADDRESS	RT. 5 BOX 6880	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	T	<input type="checkbox"/> Delete
NAME	STROUGHTEN, HATTIE W	
STREET ADDRESS	RT 5 BOX 6878	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALLEN, CAROLINE D	
STREET ADDRESS	1711 COLDWATER ST	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCRAY, EDWARD B	
STREET ADDRESS	RT 7 BOX 519	
CITY-ST-ZIP	LAKE CITY FL 32055	

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	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Mary Alice Jackson*
MARY ALICE JACKSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2. 22-0-5
Date Daytime Phone #