2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jun 03, 2005 8:00 am
Secretary of State
05-04-2005 90119 046 ****70.00

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DOCUMENT # N97000002100

1. Entity Name
HOLINESS OF EMMANUEL OUTREACH MINISTRIES, INC.

Principal Place of Business	Mailing Address
2841 NW 11TH ST. CHURCH FORT LAUDERDALE, FL 33311	2980 S.W. 2ND CT. HOUSE FT. LAUDERDALE, FL 33312

66021367

04292005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0735640
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HICKS, RUTH M REV.
2980 S.W. 2ND COURT
FORT LAUDERDALE, FL 33312

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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: Rev Ruth M Hicks Rev Ruth M Hicks (Pastor) DATE: 5/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HICKS, RUTH M
STREET ADDRESS	2980 S.W. 2ND COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	SD
NAME	BENSON, JAMIE L
STREET ADDRESS	491 NW 42 AVE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	TD
NAME	DUDLEY, DOROTHY
STREET ADDRESS	1704 NW 7TH PLACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	WINNS, ANNIE B.
STREET ADDRESS	2424 NW 39TH WAY APT. 203
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
TITLE	D
NAME	JACKSON, JEFFREY
STREET ADDRESS	1704 NW 7TH PLACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	BAILS, GREGORY L
STREET ADDRESS	2980 SW 2ND CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312

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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: Rev Ruth M Hicks Rev. Ruth M Hicks 5/29/05 954-581-2195 OR 954-839-4405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #