


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 22, 1999 8:00 am**  
**Secretary of State**

06-22-1999 90008 002 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS							
<b>DOCUMENT # N97000004201</b>											
1. Corporation Name <b>CHURCH OF CHRIST OUTREACH MINISTRY, INC.</b>											
Principal Place of Business <b>210 WEST 18TH STREET JACKSONVILLE FL 32206</b>			Mailing Address <b>210 WEST 18TH STREET JACKSONVILLE FL 32206</b>								
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>07/23/1997</b> 4. FEI Number <b>59-3494814</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>							
9. Name and Address of Current Registered Agent <b>DINISH, MONROE T 210 WEST 18TH STREET JACKSONVILLE FL 32206</b>			10. Name and Address of New Registered Agent 81 Name <b>Monroe T Dinish</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>210 W. 18th St.</b> 83 City <b>Jax Fla.</b> 84 City <b>FL</b> 85 Zip Code <b>32206</b>								
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME <b>DINISH, MONROE T</b> STREET ADDRESS <b>210 WEST 18TH STREET</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32206</b> TITLE <input type="checkbox"/> DELETE NAME <b>DINISH, MARY</b> STREET ADDRESS <b>210 WEST 18TH STREET</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32206</b> TITLE <input type="checkbox"/> DELETE NAME <b>DAVIS, ELARA B</b> STREET ADDRESS <b>2559 MARTHA STREET</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32209</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Monroe T Dinish  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-99 904 3567259  
Date Daytime Phone #

CR2E037 (1/98)