

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90041 027 ****61.25

DOCUMENT # N97000004726



1. Entity Name
**JESUS CHRIST OUTREACH MINISTRY OF
DELIVERANCE, INC.**

Principal Place of Business
**4338 LUBEC AVENUE
NORTH PORT, FL 34287**

Mailing Address
**4338 LUBEC AVENUE
NORTH PORT, FL 34287**

24041873



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0217160

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERRERA, ANNIE M
4338 LUBEC AVENUE
NORTH PORT, FL 34287**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **DP** ☒ Delete
NAME **HERRERA, ANNIE M**
STREET ADDRESS **4338 LUBEC AVENUE**
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **DV** ☐ Delete
NAME **GILLEY, COREY**
STREET ADDRESS **1481 16TH STREET**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **DST** ☐ Delete
NAME **HERRERA, NIKEYA**
STREET ADDRESS **610 8TH STREET WEST**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **TCM** ☐ Delete
NAME **BELLAMY, SYLVESTER SR**
STREET ADDRESS **2314 9TH AVE E**
CITY-ST-ZIP **PALMETTO, FL 34221**

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 **DP** ☐ Change ☒ Addition
NAME **Annie M. Jean-Louis**
STREET ADDRESS **4338 Lubec Ave**
CITY-ST-ZIP **NORTH PORT, FL 34287**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Annie M. Jean-Louis

4-7-04

941-423-9336



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 30, 2004

JESUS CHRIST OUTREACH MINISTRY OF DELIVERANCE, INC.
4338 LUBEC AVENUE
NORTH PORT, FL 34287

SUBJECT: JESUS CHRIST OUTREACH MINISTRY OF DELIVERANCE, INC.
Ref. Number: N97000004726

We have received your document for JESUS CHRIST OUTREACH MINISTRY OF DELIVERANCE, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 404A00020654