


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90228 028 ****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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent HERRERA, ANNIE M— 4338 LUBEC AVENUE NORTH PORT, FL 34287 | | | | 7. Name and Address of New Registered Agent Name Annie M. Jean-Louis Street Address (P.O. Box Number is Not Acceptable) 4338 Lubec Ave North Port, FL. City North Port, FL FL Zip Code 34287 | |
| 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 Annie M. Jean-Louis 5-9-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP JEAN-LOUIS, ANNIE M <input type="checkbox"/> Delete 4338 LUBEC AVENUE NORTH PORT, FL 34287 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary Joyce Thomas 503 30th Street East Palmetto, FL 34221 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV GILLEY, COREY <input type="checkbox"/> Delete 1481 16TH STREET SARASOTA, FL 34236 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST HERRERA, NIKEYA <input type="checkbox"/> Delete 610 8TH STREET WEST PALMETTO, FL 34221 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TCM BELLAMY, SYLVESTER SR <input type="checkbox"/> Delete 2314 9TH AVE E PALMETTO, FL 34221 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: Annie M. Jean-Louis <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 5-9-05 941-423-9336 <small>Date Daytime Phone #</small> | | |