

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90003 050 ****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		05152006 Chg-NP CR2E037 (4/06)			
4. FEI Number 65-0217160		Applied For		Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
JEAN-LOUIS, ANNIE M. 4338 LUBEC AVE. 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 _____ <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 September 6, 2006		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	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JEAN-LOUIS, ANNIE M			NAME			
STREET ADDRESS	4338 LUBEC AVENUE			STREET ADDRESS			
CITY-ST-ZIP	NORTH PORT, FL 34287			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILLEY, COREY			NAME			
STREET ADDRESS	1481 16TH STREET			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34236			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERRERA, NIKEYA			NAME			
STREET ADDRESS	610 8TH STREET WEST			STREET ADDRESS			
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP			
TITLE	TCM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELLAMY, SYLVESTER SR			NAME			
STREET ADDRESS	2314 9TH AVE E			STREET ADDRESS			
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, MARY JOYCE			NAME			
STREET ADDRESS	503 30TH STREET EAST			STREET ADDRESS			
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Annie M. Jean-Louis - DP</i>		5-23-06		941-423-9336			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			

ATTACHMENT 40095251



Division of Corporations

Annual Report

Annual Report Help

Document Number

197000004726

Business Entity Name

JESUS CHRIST OUTREACH MINISTRY OF DELIVERANCE, INC.

FEI Number 650217160
FEI Number Status [X] Listed Above [] Applied For [] Not Applicable
Certificate of Status Desired [] Yes [X] No \$8.75 each
Election Campaign Financing Trust Fund Contribution [] Yes [X] No

Principal Place of Business

Address 4338 LUBEC AVENUE
Suite, Apt. #, etc.
City, State NORTH PORT, FL
Zip Code & Country 34287

Mailing Address

Address 4338 LUBEC AVENUE
Suite, Apt. #, etc.
City, State NORTH PORT, FL
Zip Code & Country 34287

Name and Address of Registered Agent

Name (Last, First, Middle, Title) JEAN-LOUIS ANNIE M.

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 4338 LUBEC AVE.

Suite, Apt. #, etc.

City, State NORTH PORT, FL

Zip Code & Country 34287 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title DP
Name (Last, First, Middle, Title) JEAN-LOUIS , ANNIE , M ,

- OR -

Entity Name to serve as Officer/Director

Street Address 4338 LUBEC AVENUE
City, State NORTH PORT , FL
Zip Code & Country 34287

Title DV
Name (Last, First, Middle, Title) GILLEY , COREY , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 1481 16TH STREET
City, State SARASOTA , FL
Zip Code & Country 34236

Title DST
Name (Last, First, Middle, Title) HERRERA , NIKEYA , ,

- OR -

Entity Name to serve as Officer/Director

Street Address 610 8TH STREET WEST
City, State PALMETTO , FL
Zip Code & Country 34221

Title TCM

19700004726

Name (Last, First, Middle, Title)

BELLAMY SYLVESTER SR

- OR -

Entity Name to serve as Officer/Director

Street Address

2314 9TH AVE E

City, State

PALMETTO FL

Zip Code & Country

34221

Title

S

Name (Last, First, Middle, Title)

THOMAS MARY JOYCE

- OR -

Entity Name to serve as Officer/Director

Street Address

503 30TH STREET EAST

City, State

PALMETTO FL

Zip Code & Country

34221

Title

Name (Last, First, Middle, Title)

OR

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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