


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

06-12-2006 90003 050 \*\*\*\*61.25

<b>DOCUMENT # N97000004726</b> 1. Entity Name <b>JESUS CHRIST OUTREACH MINISTRY OF DELIVERANCE, INC.</b>					
Principal Place of Business <b>4338 LUBEC AVENUE NORTH PORT, FL 34287</b>			Mailing Address <b>4338 LUBEC AVENUE NORTH PORT, FL 34287</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <b>65-0217160</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JEAN-LOUIS, ANNIE M. 4338 LUBEC AVE. NORTH PORT, FL 34287</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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)</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEAN-LOUIS, ANNIE M 4338 LUBEC AVENUE NORTH PORT, FL 34287 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GILLEY, COREY 1481 16TH STREET SARASOTA, FL 34236 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HERRERA, NIKEYA 610 8TH STREET WEST PALMETTO, FL 34221 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCM BELLAMY, SYLVESTER SR 2314 9TH AVE E PALMETTO, FL 34221 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, MARY JOYCE 503 30TH STREET EAST PALMETTO, FL 34221 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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.					
<b>SIGNATURE:</b> <i>Annie M. Jean-Louis - DP</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>5-23-06</i> <small>Date</small>		<i>941-423-9336</i> <small>Daytime Phone #</small>

**ATTACHMENT 40095251**  
**Division of Corporations****Annual Report**Annual Report Help

Document Number

N97000004726

Business Entity Name

**JESUS CHRIST OUTREACH MINISTRY OF DELIVERANCE, INC.**

FEI Number

650217160

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No**Principal Place of Business**

Address

4338 LUBEC AVENUE

Suite, Apt. #, etc.

City, State

NORTH PORT

FL

Zip Code &amp; Country

34287

**Mailing Address**

Address

4338 LUBEC AVENUE

Suite, Apt. #, etc.

City, State

NORTH PORT

FL

Zip Code &amp; 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 &amp; 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

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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 &amp; 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 &amp; 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 &amp; 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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