

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005231

1. Entity Name

HOME BIBLE STUDY OUTREACH MINISTRY, INC.



Principal Place of Business

3200 DIXIE HWY, SUITE 10
PALM BAY FL 32905

Mailing Address

3200 DIXIE HWY, SUITE 10
PALM BAY FL 32905

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3333683

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMSEY, BARBARA L
2677 SOUTHOVER DR., N.E.
PALM BAY FL 32905

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	RAMSEY, BARBARA L	
STREET ADDRESS	2677 SOUTHOVER DR. N.E.	
CITY - ST - ZIP	PALM BAY FL 32905	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, MELBA	
STREET ADDRESS	3405 MONROE ST.	
CITY - ST - ZIP	MELBOURNE FL 32901	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BLACKWELL, BLONCILE	
STREET ADDRESS	2263 MONROE ST	
CITY - ST - ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMSEY, FRANK	
STREET ADDRESS	2677 SOUTHOVER DR., N.E.	
CITY - ST - ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, VIVIAN J	
STREET ADDRESS	908 E. POPLAR LANE	
CITY - ST - ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	UD00000216786	
STREET ADDRESS	02/05/05-80063-004 \$1.25	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Ramsey **BARBARA L Ramsey** 2.3. 05 7290410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #