

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

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90055 027 ****61.25

DOCUMENT # N97000005433

1. Entity Name

**EVANGELIC DELIVERENCE OUTREACH MINISTRIES,
INC.**



Principal Place of Business

**933 N. LINCOLN AVE.,
LAKELAND FL 33815**

Mailing Address

**4125 STAFFORDSHIRE DR.
LAKELAND FL 33809**

50014425



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3467162

Applied For

Not Applicable

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

**BULLOCK, ROBBIE L
4125 STAFFORDSHIRE DR
LAKELAND FL 33809**

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	D	<input type="checkbox"/> Delete
NAME	BULLOCK, ROBBIE L	
STREET ADDRESS	4125 STAFFORDSHIRE DR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLOCK, MICHAEL L	
STREET ADDRESS	4125 STAFFORDSHIRE DR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEYS, TODRA	
STREET ADDRESS	1004 E. JENKINS ST	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, GRACE	
STREET ADDRESS	402 NW 8TH AVE	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODWINE, BARBARA	
STREET ADDRESS	2008 WILLOW DR	
CITY-ST-ZIP	PLANT CITY FL	
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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simmons, Christine	
STREET ADDRESS	916 W. 9th St.	
CITY-ST-ZIP	Lakeland, FL 33805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robbie Bullock **Robbie Bullock**

0-8-05

863 8586743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #