

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90004 038 \*\*\*\*61.25

**DOCUMENT # N97000006405**

1. Entity Name  
**FAITH CHRISTIAN OUTREACH, INC.**



Principal Place of Business  
**37240 SR 19  
UMATILLA, FL 32784 US**

Mailing Address  
**P.O. BOX 920  
EUSTIS, FL 32727 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05132005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3484263**

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

**COX, BILL J  
31936 TROPICAL SHORES DR  
TAVARES, FL 32778**

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

Filing Fee is \$61.25  
Due by September 7, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME COX, BILL J  
STREET ADDRESS 31936 TROPICAL SHORES DR.  
CITY-ST-ZIP TAVARES, FL 32778

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MD ☒ Delete  
NAME COX, TROY M  
STREET ADDRESS 2135 ANESTASIA WAY SOUTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33712

TITLE MD ☒ Change ☐ Addition  
NAME Earl Wright  
STREET ADDRESS 34918 CR 437 North  
CITY-ST-ZIP EUSTIS, FL 32736

TITLE SD ☒ Delete  
NAME COX, BARBARA E  
STREET ADDRESS 31936 TROPICAL SHORES DR.  
CITY-ST-ZIP TAVARES, FL 32778

TITLE SD ☐ Change ☐ Addition  
NAME FRANK BEATY  
STREET ADDRESS 312 LAUREL COVE Ct.  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Bill J. Cox* Bill J. Cox

6-10-05

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