

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N97000006521 (5)**
1. Corporation Name

ROSE OF SHARON OUTREACH MINISTRIES, INC.

Principal Place of Business

Mailing Address

**220 POND ST
CENTURY FL 32535**

**P O BOX 625
CENTURY FL 32535**



| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 11/19/1997 |
| 4. FEI Number | 59-3481063 |
| Applied For | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| COTTRELL, NANCY 6941 JEFFERSON AVE CENTURY FL 32535 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City |
| | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | |
|---|---|
| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME D PRESIDENT NANCY COTTRELL | 1.2 NAME |
| STREET ADDRESS P.O. Box 834, 6941 Jefferson Ave. | 1.3 STREET ADDRESS |
| CITY-ST-ZIP CENTURY, FL 32535-0834 | 1.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME D 1ST VICE PRESIDENT DEAN KEMP | 2.2 NAME |
| STREET ADDRESS P.O. Box 894, 6950 Ashford Lane | 2.3 STREET ADDRESS |
| CITY-ST-ZIP CENTURY, FL 32535-0894 | 2.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME 2ND VICE PRESIDENT TANIA CUNNINGHAM | 3.2 NAME |
| STREET ADDRESS P.O. Box 1095, 10 Hobbs Rd | 3.3 STREET ADDRESS |
| CITY-ST-ZIP PRICHARD, AL 36441-0095 | 3.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SECRETARY PATRICIA WILLIAMS | 4.2 NAME |
| STREET ADDRESS P.O. Box 543, 8831 Century Ave | 4.3 STREET ADDRESS |
| CITY-ST-ZIP CENTURY, FL 32535-0543 | 4.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TREASURER PAMELA MACARTHUR | 5.2 NAME |
| STREET ADDRESS P.O. Box 459, 304 Pond Street | 5.3 STREET ADDRESS |
| CITY-ST-ZIP CENTURY, FL 32535-0459 | 5.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME D DIRECTOR EVA CARTER | 6.2 NAME |
| STREET ADDRESS P.O. Box 517, 380 Pond Street | 6.3 STREET ADDRESS |
| CITY-ST-ZIP CENTURY, FL 32535-0517 | 6.4 CITY-ST-ZIP |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy Cottrell

548-98 (850)
2565577

CR2E037 (10/97)