

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90008 020 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006521

1. Corporation Name

ROSE OF SHARON OUTREACH MINISTRIES, INC.

Principal Place of Business

220 POND ST
CENTURY FL 32535

Mailing Address

P O BOX 625
CENTURY FL 32535



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

11/19/1997

4. FEI Number

59-3481063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COTTRELL, NANCY
6941 JEFFERSON AVE
CENTURY FL 32535

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **DP**
COTTRELL, NANCY
STREET ADDRESS **P.O. BOX 834, JEFFERSON AVE**
CITY-ST-ZIP **CENTURY FL 32535**

TITLE ☒ DELETE

NAME **VPD**
KEMP, DIANA
STREET ADDRESS **P.O. BOX 896, 6950 ASHFORD LN**
CITY-ST-ZIP **CENTURY FL 32535**

TITLE ☒ DELETE

NAME **VP**
CUNNINGHAM, TONYA
STREET ADDRESS **P.O. BOX 1095**
CITY-ST-ZIP **FLOMATON AL 36441**

TITLE ☐ DELETE

NAME **S**
WILLIAMS, PATRICIA
STREET ADDRESS **P.O. BOX 543, 8831 CENTURY BLVD**
CITY-ST-ZIP **CENTURY FL 32535**

TITLE ☐ DELETE

NAME **T**
MACARTHUR, PAMELA
STREET ADDRESS **P.O. BOX 459, 304 POND STREET**
CITY-ST-ZIP **CENTURY FL 32535**

TITLE ☐ DELETE

NAME **D**
CARTER, EVA
STREET ADDRESS **P.O. BOX 517, 386 POND STREET**
CITY-ST-ZIP **CENTURY FL 32535**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Nancy A. Cottrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-99 830-236-5577
Date Daytime Phone #

CR2E037 (11/98)