2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005
Secretary of State

DOCUMENT# N99000000052

Entity Name: MISSION FOR MANKIND OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

1059 MASON AVE.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11034
DAYTONA BEACH, FL 32120

New Mailing Address:

FEI Number: 59-3550275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCELVEEN, BELINDA A PASTOR
4636 SOUTH MOON TRAIL
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCELVEEN, BELINDA A
Address: 4636 SOUTH MOON TRAIL
City-St-Zip: PORT ORANGE, FL 32129

Title: VD ( ) Delete
Name: RIDDICK, LEAH C
Address: 48 SOUTH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD ( ) Delete
Name: DAVIS, PAULETTE
Address: 1017 HAMPTON ROAD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD ( ) Delete
Name: JANVIER, ARIGENE
Address: 1026 GERTRUDE COURT
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D ( ) Delete
Name: JAMERSON, OLIVE
Address: 1015 HAMPTON ROAD
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELINDA A. MCELVEEN PD 05/24/2005

Electronic Signature of Signing Officer or Director — Date