2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

| ANNUAL REPORT (AR) | | | | | FILED | | |
|---|--|---|---|--|---|-------------------------------|--|
| DOCUMENT # N9900002234 1. Entity Name ONE LORD, ONE FAITH, ONE BAPTISM OUTREACH | | | | Feb | 09, 2004 08:0 Secretary of Sta | 0 AM ate | |
| MINISTRY | | SM GUTHEACH | | '] | | | |
| Principal Place of Business | | Mailing Address | - | | | | |
| 2855 WEST 9TH STREET JACKSONVILLE FL 32254 | | 2855 WEST 9TH STREET JACKSONVILLE FL 32254 | | | | | |
| | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | MOORE CR2E037 (11/03) | | | |
| City & State | | City & State | | 4. FEI Number 5 | 9-3585059 | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Sta | atus Desired Fee Re | Additional quired | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Add | ess of New Registered Agent | | |
| BAKER, CLARENCE JR. 2855 WEST 9TH STREET JACKSONVILLE FL 32254 | | | Name | Name | | | |
| | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | City | | FL Zip | Code | |
| | e named entity submits this statement for tions of registered agent. | the purpose of changing its r | egistered office or regist | ered agent, or both, in | | with, and accept | |
| | Signature, typed or printed name of registered agent a | | Registered Agent signature requir | | DATE | | |
| FILE NOW: FEE IS \$61.25 9. Election Camp Due By May 1, 2004 Trust Fund Co | | | | \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State | | | |
| 10. | OFFICERS AND DIF | | 11. | ADDITIONS/CHANGE | S TO OFFICERS AND DIRECTOR | | |
| TITLE NAME STREET ADDRESS | BAKER, CLARENCE JR. 2855 WEST 9TH STREET JACKSONVILLE FL 32254 | ☐ Delete | TITLE NAME STREET ADDRESS | 1\20 1 | 00000042816 □ ^{□ c™} 0/04-80040-015 61. | inge 🔲 Addition 25 | |
| CITY-ST-ZIP TITLE | VT | □ Doleto | CITY-ST-ZIP | | □ Cha | inge 🗌 Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | BAKER, JEWELL A 2855 WEST 9TH STREET JACKSONVILLE FL 32254 | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | | Oik | uige 🔛 Ausquii | |
| TITLE NAME | ST MCLAUGHLIN, STACEY A 4323 PATHWOOD WAY | ☐ Delete | TITLE NAME | | ☐ Cha | inge 🔲 Addition | |
| STREET ADDRESS CITY-ST-ZIP | JACKSONVILLE FL 32257 | | STREET ADDRESS CITY+ST-ZIP | | | | |
| TITLE. NAME STREET ADDRESS CITY-ST-ZIP | MERCER, PHYLLIS 3108 ALMEDA STREET APT. 134 | ☐ Delate | TITLE NAME STREET ADDRESS | | □ Cha | inge Addition | |
| WILL-21-71 | JACKSONVILLE FL 32209 | | CITY-SI-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JACKSONVILLE FL 32209 DT BENJAMIN, TONY V 3715 ALMEDA ST. APT. 119 JACKSONVILLE FL 32209 | □ Delete | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Cha | enge 🔲 Addition | |
| TITLE NAME STREET ADDRESS | DT BENJAMIN, TONY V 3715 ALMEDA ST. APT. 119 | □ Delete | TITLE NAME STREET ADDRESS | | □ Cha | | |

GOFFICER OR DIRECTOR

Date

Da