## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002234

FILED Jan 11, 2005 Secretary of State

Entity Name: ONE LORD, ONE FAITH, ONE BAPTISM OUTREACH MINISTRY, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	ST 9TH STREE VILLE, FL 322				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	ST 9TH STREE VILLE, FL 322				
El Number	: 59-3585059	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
855 WES	LARENCE JR ST 9TH STREE IVILLE, FL 322	Т			
	named entity s e of Florida.	submits this statement for the	e purpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
tle: ame: ddress: ity-St-Zip:	PD () BAKER, CLARE 2855 WEST 9TH JACKSONVILLE	H STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
itle: ame: ddress: ity-St-Zip:	VT () BAKER, JEWEL 2855 WEST 9TH JACKSONVILLE	H STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
ame: ddress: ity-St-Zip: tle: ame: ddress:	BAKER, JEWEL 2855 WEST 9TH JACKSONVILLE	LL A H STREET E, FL 32254 Delete STACEY A DD WAY	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
ame: ddress:	BAKER, JEWEL 2855 WEST 9TI JACKSONVILLE ST () MCLAUGHLIN, 3 4323 PATHWOO JACKSONVILLE T () MERCER, PHYL	LL A H STREET E, FL 32254  Delete STACEY A DD WAY E, FL 32257  Delete LLIS STREET APT. 134	Name: Address: City-St-Zip: Title: Name: Address:		
ame: ddress: tty-St-Zip: tle: ame: ddress: tty-St-Zip: tte: ame: ddress:	BAKER, JEWEL 2855 WEST 9TI JACKSONVILLE ST () MCLAUGHLIN, 3 4323 PATHWOO JACKSONVILLE T () MERCER, PHYI 3108 ALMEDA 3 JACKSONVILLE	LL A H STREET E, FL 32254  Delete STACEY A DD WAY E, FL 32257  Delete LLIS STREET APT. 134 E, FL 32209  Delete NY V ST. APT. 119	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	

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: CLARENCE BAKER JR. PD 01/11/2005