

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N990000Q04858**

**1. Entry Name**  
**JOSEPH'S OUTREACH MINISTRIES INC.**



**Principal Place of Business**

**834 NE 14TH AVENUE**  
**OKEECHOBEE, FL 34973**

**Mailing Address**

**P.O. BOX 2355**  
**OKEECHOBEE, FL 34973**



04202004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0947652**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☒

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**HARRIS, EMMALINE**  
**834 NE 14TH AVENUE**  
**OKEECHOBEE, FL 34972**

**DO NOT WRITE**  
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**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

U00000141817

04/30/04-80026-015 70.00

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** BARLEY, LAVERN  
**STREET ADDRESS** 711 NE 14TH AVENUE  
**CITY - ST - ZIP** OKEECHOBEE, FL 34972

**TITLE** D  
**NAME** HARRIS, CRYSTAL  
**STREET ADDRESS** 1401 NE PARK STREET  
**CITY - ST - ZIP** OKEECHOBEE, FL 34972

**TITLE** D  
**NAME** GREGG, KENYA  
**STREET ADDRESS** 556 AVE E  
**CITY - ST - ZIP** OKEECHOBEE, FL 34972

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Emmaline Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 20, 863-634-9340*  
Date Daytime Phone #