2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004858

1. Entity Name
JOSEPH'S OUTREACH MINISTRIES INC.

Principal Place of Business	Mailing Address
834 NE 14TH AVENUE OKEECHOBEE, FL 34973	P.O. BOX 2355 OKEECHOBEE, FL 34973

DO NOT WRITE IN THIS SPACE

06032005 No Chg-NP CR2E037 (10/03)

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

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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 Emmaline Harris July 28, 05
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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

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08/03/05-80004-002 61.25

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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 Emmaline Harris July 28, 05 863-634-9340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #