

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000004858

1. Entity 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**

DO NOT WRITE IN THIS SPACE



04272006 No Chg-NP

CR2E037 (4/06)

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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IN THIS SPACE**

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, Registered Agent

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

(NOTE: Registered Agent signature required when reinstalling)

April 20, 06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

UN00000553935
05/15/06-80071-018 61.25

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Crystall Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 06 863-634-9154
Date Daytime Phone