

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000060360

1. Entity Name
FAITH OUTREACH INTERNATIONAL MINISTRIES, INC.



Principal Place of Business

445 NE 173RD ST
N MIAMI, FL 33162

Mailing Address

921 MONTGOMERY ST.
A1
BROOKLYN, NY 11213

DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0931889

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

5. Name and Address of Current Registered Agent

GELLY, EDASCA
445 NE 173RD ST
NORTH MIAMI, FL 33162

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000132303
04/27/04-80039-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GELLY, EDASCA
STREET ADDRESS	445 NE 173RD ST
CITY-ST-ZIP	NORTH MIAMI, FL 33162
TITLE	TV
NAME	GELLY, EVETT
STREET ADDRESS	445 NE 173RD ST
CITY-ST-ZIP	NORTH MIAMI, FL 33162
TITLE	S
NAME	WHITE, NELLIS
STREET ADDRESS	445 NE 173RD ST
CITY-ST-ZIP	NORTH MIAMI, FL 33162
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 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 607, 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:

Edasca Gelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 347 385 3824
Date Daytime Phone #