

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Mar 25, 2003 8:00 am  
Secretary of State

03-25-2003 90069 016 \*\*\*\*75.00

DOCUMENT # **N02000001769**

1. Entity Name  
**LIFE CARE OUTREACH MINISTRY, INC.**



Principal Place of Business  
~~955 NW 205TH TERR~~  
~~MIAMI FL 33169~~  
**11633 NW 7 AVE, SUITE A**  
**MIAMI, FL 33168**

Mailing Address  
**355 NW 205TH TERR**  
**MIAMI FL 33169**

2. Principal Place of Business  
**11633 NW 7 AVE**

Suite, Apt. #, etc.  
**A**

3. Mailing Address  
**11633 NW 7 AVE**

Suite, Apt. #, etc.  
**A**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33168**

Country  
**U.S.A.**

Zip  
**33168**

Country  
**U.S.A.**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**71-0897276**

Applied For  
 Not Applicable

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

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

**7. Name and Address of New Registered Agent**

**FRANCOIS, JEAN F**  
~~1305 NW 203 ST~~ **355 NW 205 TERR**  
**MIAMI FL 33169** **MIAMI, FL 33169**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *Jean Francois* **JEAN F. FRANCOIS PRES. / DIRECTOR** **03/20/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCOIS, JEAN F</b>	
STREET ADDRESS	<b>1305 NW 203RD STR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>ANTOINE, YOLETTE</b>	
STREET ADDRESS	<b>3537 SW 175 AVE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33029</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>ANTOINE, JEANNETTE</b>	
STREET ADDRESS	<b>1305 NW 203RD ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>JEAN, JACQUELINE</b>	
STREET ADDRESS	<b>11631 NW 7 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
TITLE	<b>A</b>	<input type="checkbox"/> Delete
NAME	<b>ROSMOND, GABRIEL</b>	
STREET ADDRESS	<b>4141 N MIAMI AVE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33029</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jean Francois* **JEAN F. FRANCOIS** **03/20/03 (786) 287-6953**

CR2E037 (10/02)