

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004554

FILED  
Sep 01, 2006  
Secretary of State

**Entity Name:** A BLESSED HEART CHILDREN'S OUTREACH CORP.

**Current Principal Place of Business:**

100 NE 6TH AVE., #819  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

100 NE 6TH AVE  
#242  
HOMESTEAD, FL 33030

**Current Mailing Address:**

PO BOX 343431  
FLORIDA CITY, FL 33034

**New Mailing Address:**

**FEI Number:** 16-1669253      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SEMINARA, JAMES M  
PO BOX 343431  
FLORIDA CITY, FL 33034      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SEMINARA, JAMES M  
Address: 100 NE 6TH AVE. #819  
City-St-Zip: HOMESTEAD, FL 33030

Title: S      ( ) Delete  
Name: WEISSINGER, KATHY  
Address: 9298 MARTINIQUE DR.  
City-St-Zip: MIAMI, FL 33189

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: SEMINARA, JAMES M  
Address: 100 NE 6TH AVE. #242  
City-St-Zip: HOMESTEAD, FL 33030

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. SEMINARA

PRES

09/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date