2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State
08-22-2006 90028 010 ****61.25

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1. Entity Name
CALVARY OUTREACH MINISTRY INC.

50025891

Principal Place of Business	Mailing Address
P.O. BOX 121213 FT. LAUDERDALE, FL 33312	P.O. BOX 121213 FT. LAUDERDALE, FL 33312

08152006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
90-0184373
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BYNES SR., ROOSEVELT
5031 NW 17TH COURT
LAUDERHILL, FL 33313

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

Filing Fee is $61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Brown George T.
STREET ADDRESS	236 SW 4th Street
CITY-ST-ZIP	Deerfield Bch FL 33441
TITLE	S
NAME	Vickie Session
STREET ADDRESS	249 SW 4th St.
CITY-ST-ZIP	Dee Field Beach, Fl 33441
TITLE	AS
NAME	Angela Scott
STREET ADDRESS	1235 NW 15 Place
CITY-ST-ZIP	Ft Lauderdale, Flg 33311
TITLE	T
NAME	Glenda Oliver
STREET ADDRESS	2201 NW 41 Ave
CITY-ST-ZIP	Lauderhill, Flg 33313
TITLE	D
NAME	BYNES, ROOSEVELT
STREET ADDRESS	5031 NW 17TH CT.
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Roosevelt J. Bynes 8/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #