

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000845 (8)

1. Corporation Name
CHAMPIONS OUTREACH MINISTRIES, INC.



Principal Place of Business: 12114 SW 117 CT MIAMI FL 33186
Mailing Address: 12114 SW 117 CT MIAMI FL 33186-5205

3. Date Incorporated or Qualified: 03/19/1993
3a. Date of Last Report: 04/27/1996
4. FEI Number: 65-0394053
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 13011 SW 259th Street
22 HOMESTEAD
23 FLORIDA
24 33030
25 USA
2a. Mailing Address
26 13011 SW 259th Street
27 HOMESTEAD, FLORIDA
28 33030
29 USA
30 USA

9. Name and Address of Current Registered Agent
SARRAGA, ALEXANDER
12114 SW 117 CT
C/O HOUSE OF PRAISE-KENDALL
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name: ALEXANDER SARRAGA
82 Street Address (P.O. Box Number is Not Acceptable): 13011 SW 259th Street
83 HOMESTEAD
84 City: FLORIDA FL 85 Zip Code: 33030

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Alexander Sarraga

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD	NAME: SARRAGA, ALEXANDER	DELETED: <input type="checkbox"/>
STREET ADDRESS: 13527 SW 114TH PL	CITY-ST-ZIP: MIAMI FL 33176	
TITLE: VD	NAME: SARRAGA, SANDRA	DELETED: <input type="checkbox"/>
STREET ADDRESS: 13527 SW 114TH PL	CITY-ST-ZIP: MIAMI FL 33176	
TITLE: D	NAME: VARGAS, RAUL	DELETED: <input type="checkbox"/>
STREET ADDRESS: 8516 SW 1ST TERRACE	CITY-ST-ZIP: MIAMI FL 33174	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	

1.1 TITLE:	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME:	
1.3 STREET ADDRESS:	13011 SW 259th Street
1.4 CITY-ST-ZIP:	HOMESTEAD FL 33030
2.1 TITLE:	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME:	
2.3 STREET ADDRESS:	13011 SW 259th Street
2.4 CITY-ST-ZIP:	HOMESTEAD, FL 33030
3.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do 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 annual report or supplemental annual 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 registered office or office empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: Alexander Sarraga, President, 5/17/97, 352/319-5879

CR2E037 (9/96)