2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000845

FILED May 01, 2007 Secretary of State

Entity Name: CHAMPIONS OUTREACH MINISTRIES, INC.

Current Principal Place of Business:		ss: New Pi	New Principal Place of Business:	
	EMORAN BLVD D, FL 32822 US			
Current M	lailing Address:	New M	ailing Address:	
P.O. BOX ORLAND(570239 D, FL 32857 US			
		er Applied For () FEI Number Not A the corporation did not receive the prior n	•• • • • • • • • • • • • • • • • • • • •	
Name and	d Address of Current Reg	istered Agent: Name a	and Address of New Registered Agent:	
5770 S. SI	A, ALEXANDER EMORAN BLVD D, FL 32822 US			
	e named entity submits this e of Florida.	statement for the purpose of changing	ng its registered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature	e of Registered Agent	Date	
OFFICER	S AND DIRECTORS:	ADDIT	ONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete SARRAGA, ALEXANDER 5770 S. SEMORAN BLVD. ORLANDO, FL 32822	Title: Name: Address: City-St-Z	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete SARRAGA, SANDRA 5770 S. SEMORAN BLVD ORLANDO, FL 32822	Title: Name: Address: City-St-Z	() Change () Addition p:	
Title: Name: Address: City-St-Zip:	D () Delete VELLEKAMP, ISAAC 10061 CUSTER CIRCLE ORLANDO, FL 32817	Title: Name: Address: City-St-Z	() Change () Addition p:	
Title: Name: Address: City-St-Zip:	D () Delete GALAGARZA, JENNIFER 4990 NW 102 AVE #201 MIAMI, FL 33178	Title: Name: Address: City-St-Z	D (X) Change () Addition GALAGARZA, JENNIFER 12873 SW 210 TERRACE p: MIAMI, FL 33177	
Title: Name: Address: City-St-Zip:	D () Delete BYRN, ZELMA P.O. BOX 620657 OVIEDO, FL 32762	Title: Name: Address: City-St-Z	() Change () Addition p:	
Title: Name:	D () Delete KNOWLES, ERICKA 3128 SOCORRO AVE.	Title: Name: Address:	D (X) Change () Addition KNOWLES, ERICK 512 CEDAR BEND CIRC LE #102	

I hereby certify that the information supplied with this filing does not qualify 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: ALEXANDER SARRAGA PD 05/01/2007