2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 17, 2006 08:00 AM
Secretary of State

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1. Entity Name
CHILDREN'S INTERVENTION, OUTREACH AND REFERRAL MINISTRY, INC.

Principal Place of Business	Mailing Address
15200 CITRUS GROVE BLVD LOXAHATCHEE, FL 33470	P.O. BOX 7724 JUPITER, FL 33468

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03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0965908
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FONG, MAUREEN LYEW
15200 CITRUS GROVE BLVD
LOXAHATCHEE, FL 33470

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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 May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FONG, MAUREEN L
STREET ADDRESS	15200 CITRUS GROVE BLVD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	SD
NAME	CHINSUE, MARLENE
STREET ADDRESS	15200 CITRUS GROVE BLVD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	TD
NAME	HEISER, CATHERINE
STREET ADDRESS	C/O PO BOX 7724
CITY-ST-ZIP	JUPITER, FL 33468
TITLE	D
NAME	MORKEE, BARBARA A
STREET ADDRESS	1014 CHEYENNE ST
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	DARVILLE, JOYCE
STREET ADDRESS	480 32ND STREET
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80220-016 70.00

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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: Maureen Lyew Fong 4/12/06 561-784-4871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #