2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007
Secretary of State

DOCUMENT# N99000005720

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

Current Principal Place of Business:

15200 CITRUS GROVE BLVD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7724
JUPITER, FL 33468

New Mailing Address:

FEI Number: 65-0965908 **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:

FONG, MAUREEN LYEW
15200 CITRUS GROVE BLVD
LOXAHATCHEE, FL 33470 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:	PD	( ) Delete
Name:	FONG, MAUREEN L	
Address:	15200 CITRUS GROVE BLVD	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	SD	( ) Delete
Name:	CHINSUE, MARLENE	
Address:	15200 CITRUS GROVE BLVD	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	TD	( ) Delete
Name:	HEISER, CATHERINE	
Address:	C/O PO BOX 7724	
City-St-Zip:	JUPITER, FL 33468	
Title:	D	( ) Delete
Name:	MORKEE, BARBARA A	
Address:	1014 CHEYENNE ST	
City-St-Zip:	JUPITER, FL 33458	
Title:	D	( ) Delete
Name:	DARVILLE, JOYCE	
Address:	480 32ND STREET	
City-St-Zip:	RIVIERA BEACH, FL 33404	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MAUREEN L FONG PD 05/21/2007
Electronic Signature of Signing Officer or Director — Date