

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005720

FILED  
Apr 23, 2008  
Secretary of State

**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 ( )**

**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 LYEW FONG

PD

04/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date