


05-05-2003 91849 006 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

90129539

DOCUMENT # N99000005720			
1. Entity Name CHILDREN'S INTERVENTION, OUTREACH AND REFERRAL MINISTRY, INC.			
Principal Place of Business 721 U.S. HWY 1, SUITE 217 NORTH PALM BEACH, FL 33408		Mailing Address 721 U.S. HWY 1, SUITE 217 NORTH PALM BEACH, FL 33408	
2. Principal Place of Business 3125 Ave H East Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7724 Suite, Apt. #, etc.	
City & State Riviera Beach FL		City & State Jupiter FL	
Zip 33404		Zip 33468	
Country PBCTY		Country PBCTY	
4. FEI Number 65-0965908		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FONG, MAUREEN LYEW 721 U.S. HWY 1, SUITE 217 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
3125 Ave H East Riviera Beach FL 33404			
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: <u>Maureen Lyew Fong</u> DATE: <u>4/25/03</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)</small>			
FILE NOW - FEE IS \$8125		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FONG, MAUREEN L		
STREET ADDRESS	3125 AVE H EAST		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
TITLE	SD	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHINSUE, MARLENE		
STREET ADDRESS	3125 AVE H EAST		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
TITLE	TD	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEISER, CATHERINE		
STREET ADDRESS	C/O PO BOX 7724		
CITY-ST-ZIP	JUPITER, FL 33468		
TITLE	D	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORKEE, BARBARA A		
STREET ADDRESS	1014 CHEYENNE ST		
CITY-ST-ZIP	JUPITER, FL 33468		
TITLE	D	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARVILLE, JOYCE		
STREET ADDRESS	480 32ND STREET		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		
TITLE		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I 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 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: <u>Maureen Lyew Fong</u>		DATE: <u>4/25/03</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		DAYTIME PHONE # <u>561-840-1467</u>	

CFR2037 (10/02)