


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90294 048 \*\*\*\*61.25

<b>DOCUMENT # 737458</b> 1. Entity Name <b>MIAMI RESCUE MISSION, INC.</b>					
Principal Place of Business 2159 NW 1ST COURT P.O. BOX NO. 420620 MIAMI, FL 33242-0620 US			Mailing Address 2159 NW 1ST COURT P.O. BOX NO. 420620 MIAMI, FL 33242-0620 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1743865</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TEW, JEFFREY ESQ FOUR SEASONS TOWER, 15TH FLOOR 1441 BRICKEL AVENUE MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBS, FRANK		NAME		
STREET ADDRESS	2159 NW 1ST COURT		STREET ADDRESS	331 SW 8th St. Apt 1C	
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBS, MAXINE		NAME		
STREET ADDRESS	2159 NW 1ST COURT		STREET ADDRESS	331 SW 8th St. Apt. 1C	
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEW, JEFFREY		NAME		
STREET ADDRESS	1441 BRICKELL AVE, 15TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, ROGER		NAME		
STREET ADDRESS	14020 N MIAMI AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYONS, WILLIAM		NAME		
STREET ADDRESS	825 WRIGHT ST		STREET ADDRESS		
CITY-ST-ZIP	INGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCRAY, DARYL		NAME		
STREET ADDRESS	13800 SW 149 CIRCLE LANE #3		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331868256		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>MAXINE E. JACOBS</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>2/20/06</i> Daytime Phone # <i>305-571-2201</i>		