

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006790

FILED  
Mar 26, 2007  
Secretary of State

**Entity Name:** ADVENT MISSION OUTREACH SERVICES, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 622244  
ORLANDO, FL 32862

**New Principal Place of Business:**

211 HOWARD BLVD  
LONGWOOD, FL 32750

**Current Mailing Address:**

POST OFFICE BOX 622244  
ORLANDO, FL 32862

**New Mailing Address:**

**FEI Number:** 06-1700847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PUN, TONY  
1934 LONGWOOD LK MARY RD  
LONGWOOD, FL 32750 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: P ( ) Delete  
Name: PUN, TONY  
Address: 1934 LONGWOOD LK MARY RD  
City-St-Zip: LONGWOOD, FL 32750

Title: VST ( ) Delete  
Name: ZEMAN, ANTHONY D  
Address: 1123 W. FAIRBANKS AVE  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: WILSON, PUN  
Address: 75 EAST LOOP RD STE 125  
City-St-Zip: STONY BROOK, NY 11790

Title: A.S. ( ) Delete  
Name: ROBSON, EILEEN  
Address: 196 BURNESIDE  
City-St-Zip: KENDAL, UK 6AB LA9

Title: M ( ) Delete  
Name: INNOCENT, ANDRE  
Address: 112-04 208 STREET  
City-St-Zip: QUEENS VILLAGE, NY 11429

**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 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: TONY PUN

P

03/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date