

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000845

Entity Name: CHAMPIONS OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

5232 S. ORANGE AVE
EDGEWOOD, FL 32809

Current Mailing Address:

P.O. BOX 780087
ORLANDO, FL 32878 US

FEI Number: 65-0394053

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SARRAGA, ALEXANDER
5232 S. ORANGE AVE
EDGEWOOD, FL 32809 US

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

Officer/Director Detail :

Title PD
Name SARRAGA, ALEXANDER
Address P.O. BOX 780087
City-State-Zip: ORLANDO FL 32878

Title VP
Name SARRAGA, SANDRA
Address P.O. BOX 780087
City-State-Zip: ORLANDO FL 32878

Title DIRECTOR
Name SERRANO, DAVID
Address P.O. BOX 780087
City-State-Zip: ORLANDO FL 32878

Title DIRECTOR
Name NESS, MARGARET DR.
Address P.O. BOX 780087
City-State-Zip: ORLANDO FL 32878

Title DIRECTOR
Name WALKER, REBECCA
Address P.O. BOX 780087
City-State-Zip: ORLANDO FL 32878

Title DIRECTOR
Name RIVERA, VICTOR DR.
Address P.O. BOX 780087
City-State-Zip: ORLANDO FL 32878

Title DIRECTOR
Name RIVERA, DEBORAH
Address P.O. BOX 780087
City-State-Zip: ORLANDO FL 32878

Title DIRECTOR
Name CASTRO, LOVETTE
Address P.O. BOX 780087
City-State-Zip: ORLANDO FL 32878

I hereby 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 all other like empowered.

SIGNATURE: ALEXANDER SARRAGA

PRESIDENT

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date