

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000845

**Entity Name:** CHAMPIONS OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

5780 S. SEMORAN BLVD  
ORLANDO, FL 32822

**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  
5780 S. SEMORAN BLVD  
ORLANDO, FL 32822 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 5780 S. SEMORAN BLVD.  
City-State-Zip: ORLANDO FL 32822

Title VP  
Name SARRAGA, SANDRA  
Address 5780 S. SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32822

Title D  
Name VELLEKAMP, ISAAC  
Address 5780 S.SEMORAN  
City-State-Zip: ORLANDO FL 32822

Title D  
Name GALAGARZA, JENNIFER  
Address 12873 SW 210 TERRACE  
City-State-Zip: MIAMI FL 33177

Title D  
Name GOODEN, DAVID  
Address 5780 S. SEMORAN  
City-State-Zip: ORLANDO FL 32822

Title D  
Name SERRANO, DAVID  
Address 5780 S. SEMORAN  
City-State-Zip: ORLANDO FL 32822

*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**

**04/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date