

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005720

**Entity Name:** CHILDREN'S INTERVENTION, OUTREACH AND REFERRAL  
MINISTRY, INC.

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC4620141736**

**Current Principal Place of Business:**

15200 CITRUS GROVE BLVD  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

1125 OLD DIXIE  
#9  
LAKE PARK, FL 33403 US

**FEI Number: 65-0965908**

**Certificate of Status Desired: Yes**

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

FONG, MAUREEN LYEW  
15200 CITRUS GROVE BLVD  
LOXAHATCHEE, FL 33470 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 FONG, MAUREEN L  
Address 15200 CITRUS GROVE BLVD  
City-State-Zip: LOXAHATCHEE FL 33470

Title SD  
Name CHINSUE, MARLENE  
Address 15200 CITRUS GROVE BLVD  
City-State-Zip: LOXAHATCHEE FL 33470

Title TD  
Name HEISER, CATHERINE  
Address 1125 OLD DIXIE  
#9  
City-State-Zip: LAKE PARK FL 33403

Title D  
Name MARKEE, BARBARA A  
Address 4214 COUNTY LINE ROAD  
City-State-Zip: JUPITER FL 33469

Title D  
Name LILLY, SHAWN  
Address 3095 EGERMONT DRIVE  
City-State-Zip: WEST PALM BEACH FL 33406

*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: MAUREEN LYEW FONG**

**PRESIDENT**

**04/25/2014**

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

\_\_\_\_\_  
Date