


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 736539 1. Entity Name OUT REACH MISSION FOR CHRIST, INC.			
Principal Place of Business OUTREACH MISSION 7751 NW 4TH CT MIAMI FL 33150 US		Mailing Address 7751 NW 4TH CT MIAMI FL 33150 US	
2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i> City & State <i>Same</i> Zip Country		3. Mailing Address Suite, Apt. #, etc. <i>Same</i> City & State <i>Same</i> Zip Country	
4. FEI Number 59-1800125 <input checked="" type="checkbox"/> Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMPSON, WALTER L. REV. 7821 NW 4TH CT. MIAMI FL 33150		7. Name and Address of New Registered Agent Name <i>No Change</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Pastor Walter L. Simpson</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <i>8/29/05</i> <small>(NOTE: Registered Agent signature required when terminating)</small>	
FILE NOW: FEE IS \$61.25 Due By September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ICESON, DR. MINNIE 2910 NW 67TH ST. MIAMI FL 33147 D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP U00000377985 09/08/05-80005-005 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP MCCARTHY, O'NEILL 6751 SW 10 CT PEMBROKE PINES FL 33023 D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP DAYS, SARA 10127 NW 11TH AVE. MIAMI FL 33150-1318 DP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP SIMPSON, WALTER L 7821 NW 4 CT MIAMI FL 33150	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
SIGNATURE: <i>Pastor Walter L. Simpson</i>		DATE: <i>8/29/05</i>	