

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90349 005 \*\*\*\*61.25

<b>DOCUMENT # 736539</b> 1. Entity Name <b>OUT REACH MISSION FOR CHRIST, INC.</b>					
Principal Place of Business <b>OUTREACH MISSION 7751 NW 4TH CT MIAMI FL 33150 US</b>			Mailing Address <b>7751 NW 4TH CT MIAMI FL 33150 US</b>		
2. Principal Place of Business <i>No change N/C</i>			3. Mailing Address <i>N/C</i>		
Suite, Apt. #, etc. <i>/</i>			Suite, Apt. #, etc. <i>/</i>		
City & State <i>/</i>			City & State <i>/</i>		
Zip <i>/</i>		Country <i>/</i>		4. FEI Number <b>59-1800125</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SIMPSON, WALTER L REV. 7821 NW 4TH CT. MIAMI FL 33150</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>Walter L Simpson</i> <span style="float: right;">1-30-06</span> <small>Signature, typed or printed name of registered agent and his if applicable (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ICESON, DR. MINNIE 2910 NW 67TH ST. MIAMI FL 33147		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>No change</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, O'NEILL 6751 SW 10 CT PEMBROKE PINES FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>N/C</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAYS, SARA 10127 NW 11TH AVE. MIAMI FL 33150-1318		TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMPSON, WALTER L 7821 NW 4 CT MIAMI FL 33150		TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>No change N/C</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/		TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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>Walter L Simpson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <span style="float: right;">1-30-06</span> <small>Daytime Phone #</small>	