

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 17, 2007
Secretary of State**

DOCUMENT# 741524

Entity Name: MISSIONARY EVANGELIST OUTREACH CENTER HOLINESS CHURCH, INC.

Current Principal Place of Business:

1766 N.W. 95 STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

C/O LA FARIES MORTIMER
3230 N.W. 151ST TERRACE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-0028303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTIMER, LA FARIES Y
3230 N.W. 151ST TERRACE
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEMP, JOHNNY L
Address: 3950 N.W. 177TH STREET
City-St-Zip: CAROL CITY, FL 33055

Title: VD () Delete
Name: KEMP, PATTY L
Address: 3950 NW 177TH ST
City-St-Zip: CAROL CITY, FL 33055

Title: D () Delete
Name: KEMP, OTIS L
Address: 3910 NW 177TH STREET
City-St-Zip: CAROL CITY, FL 33055

Title: SD () Delete
Name: MORTIMER, CHRISTINE
Address: 4230 NW 173 DR
City-St-Zip: CAROL CITY, FL 33055

Title: D () Delete
Name: VAN-REIL, KARL
Address: 7607 W 40TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T () Delete
Name: MORTIMER, LAFARIES
Address: 3230 N.W. 151ST TERRACE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAFARIES MORTIMER

T

01/17/2007

Electronic Signature of Signing Officer or Director

Date