


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90007 035 \*\*\*\*70.00

<b>DOCUMENT # N01000001110</b> 1. Entity Name FINAL QUEST OUTREACH MINISTRIES CHURCH, INC.					
Principal Place of Business 101 S BUMBY AVE #J22 # J22 ORLANDO, FL 32803			Mailing Address 101 S BUMBY AVE #J22 ORLANDO, FL 32803		
2. Principal Place of Business 259-B Pine Valley Rd.			3. Mailing Address		
Suite, Apt. #, etc. # B			Suite, Apt. #, etc.		
City & State St. Cloud FL.			City & State		
Zip 34769		Country Osceola		Zip Country	
6. Name and Address of Current Registered Agent  RODRIGUEZ, HECTOR 101 S BUMBY AVE #J22 ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name <u>Hector Rodriguez</u> Street Address (P.O. Box Number is Not Acceptable) <u>259-B Pine Valley Rd.</u> City <u>ST. Cloud</u> <u>FL</u> Zip Code <u>34769</u>		
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 <u>Hector Rodriguez</u> DATE <u>2-8-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, HECTOR 101 S BUMBY AVE #J22 ORLANDO, FL 32803 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, MARTA 101 S BUMBY AVE #J22 ORLANDO, FL 32803 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LABOY, NATASHA 101 S BUMBY AVE #J22 ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LABOY, JOSE 101 S BUMBY AVE #J22 ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
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"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rosa Apellaniz 259-B Pine Valley Rd. ST. Cloud, FL. 34769 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Charles Apellaniz 259-B Pine Valley Rd. ST. Cloud, FL. 34769 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Hector Rodriguez</u> DATE <u>2-8-06</u> (407) 891-0414 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					