# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 26, 2007 8:00 am**
**Secretary of State**
03-26-2007 90053 003 ****70.00

DOCUMENT # N01000001110

1. Entity Name
FINAL QUEST OUTREACH MINISTRIES CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~259 B- PINE VALLEY RD~~ B ~~SAINT CLOUD, FL 34769~~ | ~~P.O. BOX 702331 ST. CLOUD, FL 34770~~ |

03212007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 14140 Indigo Street | 14140 Indigo Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Spring Hill, FL. | City & State: Spring Hill, FL. |
| Zip: 34609 Country: Hernando | Zip: 34609 Country: Hernando |

4. FEI Number APPLIED FOR 54-2142017 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RODRIGUEZ, HECTOR ~~259 B PINE VALLEY RD SAINT CLOUD, FL 34769~~ | Name: Hector Rodriguez<br>Street Address (P.O. Box Number is Not Acceptable): 14140 Indigo Street<br>City: Spring Hill FL Zip Code: 34609 |

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: Hector Rodriguez DATE: 3-21-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | P<br>RODRIGUEZ, HECTOR<br>~~259 B PINE VALLEY RD~~<br>~~ST. CLOUD, FL 34769~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Rodriguez Hector<br>14140 Indigo Street<br>Spring Hill, FL. 34609 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>RODRIGUEZ, MARTA<br>~~259 B PINE VALLEY RD.~~<br>~~ST. CLOUD, FL 34769~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Rodriguez Marta<br>14140 Indigo Street<br>Spring Hill, FL. 34609 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>APELLANIZ, ROSA<br>259 B PINE VALLEY RD<br>SAINT CLOUD, FL 34769 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>APELLANIZ, CHARLES<br>259 B PINE VALLEY RD<br>SAINT CLOUD, FL 34769 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Hector Rodriguez 3-21-07 (352)684-2057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #