

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003374

FILED
Jul 07, 2008
Secretary of State

Entity Name: MAUDY BROWN FAITH OUTREACH MINISTRY, INC.

Current Principal Place of Business:

152 N E 33 RD STREET
152
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

PO BOX 266
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 65-1102005 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, MAUDY
1445 NW 6TH AVE
FT LAUDERDALE, FL 33311 US

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: BROWN, MAUDY
Address: 1445 NW 6TH AVE
City-St-Zip: FT LAUDERDALE, FL 33311 BR

Title: SD () Delete
Name: STEPHANY, WALDEN
Address: 2316 FARAGUT STREET
City-St-Zip: HOLLOWOOD, FL 33027 BR

Title: ASD () Delete
Name: TAYLOR, GRACE
Address: 4714 N W 19TH STREET
City-St-Zip: LAUDERDALE, FL 33311 BR

Title: TD () Delete
Name: INGRAM, ANNIE
Address: 2113 N W 6TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 33311 BR

Title: ATD () Delete
Name: BROWN, ARCHIE
Address: 1445 N W 6 TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311 BR

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
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 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: MAUDY BROWN

P D

07/07/2008

Electronic Signature of Signing Officer or Director

Date