


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000005180</b> 1. Entity Name <b>FAITH AND PRAYER OUTREACH MINISTRY, INC.</b>					
Principal Place of Business <b>PO BOX 1404 FT LAUDERDALE FL 33302</b>		Mailing Address <b>PO BOX 1404 FT LAUDERDALE FL 33302</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E037 (10/04)	
City & State		City & State		4. FEI Number <b>65-1117705</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LAYNE, DELCEINA 4351 SW 21 ST #3 HOLLYWOOD FL 33023</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	



SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D FIELDS, CHRISTINE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	5332 NW 18 ST, #3	NAME	
STREET ADDRESS	LAUDERHILL FL 33313	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D LAYNE, DELCEINA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	1440 N 71 TERRACE	NAME	
STREET ADDRESS	HOLLYWOOD FL 33024	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ROSS, LAURA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	1436 NW 7 TERR	NAME	
STREET ADDRESS	FT LAUDERDALE FL 33311	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CRAIG, LYDIA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	5332 NW 18 ST, #3	NAME	
STREET ADDRESS	LAUDERHILL FL 33313	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FIELDS, TIKEILA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	3571 NW 35TH AVE	NAME	
STREET ADDRESS	LAUDERDALE LAKES FL 33313	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

100000361751  Change  Add  
 05/05/05-80089-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Fields 4/16/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #