


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90255 023 \*\*\*\*70.00

**DOCUMENT # N02000001358**  
 1. Entity Name  
**FAMILY OUTREACH MINISTRY FAITH BASED CORP.**



Principal Place of Business: **3045 MALLARD AVE DELTONA FL 32738-8011**  
 Mailing Address: **3045 MALLARD AVE DELTONA FL 32738-8011**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **01-0643875**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**LANTIGUA, LUIS R**  
**3045 MALLARD AVE**  
**DELTONA FL 32738-8011**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	
TITLE: _____ NAME: <b>MITCHER, LINDA PH.D.</b> STREET ADDRESS: <b>823 RIVERBEND BLVD.</b> CITY-ST-ZIP: <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: <b>LANTIGUA, MIGDALIA</b> STREET ADDRESS: <b>892 SHENANDOAH AVE</b> CITY-ST-ZIP: <b>DELTONA FL 32725-7421</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: <b>LANTIGUA, REYNALDO</b> STREET ADDRESS: <b>892 SHENANDOAH AVE</b> CITY-ST-ZIP: <b>DELTONA FL 32725-7421</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: <b>TORRES, ANGEL M PH.D.</b> STREET ADDRESS: <b>1001 OROPESA AVE</b> CITY-ST-ZIP: <b>ORLANDO FL 32807</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: <b>SHAW, TONY W PH.D.</b> STREET ADDRESS: <b>4708 MIRANDA CIR.</b> CITY-ST-ZIP: <b>ORLANDO FL 32818</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: <b>PERES, DAVID</b> STREET ADDRESS: <b>15391 S DIXIE HWY #56</b> CITY-ST-ZIP: <b>MIAMI FL 33157-1865</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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: _____	<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: _____	<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 exemption stated in Section 119.07(3)(i), 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: Reynaldo Lantigua **4/14/04** **407-688-0188**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #