

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001358

FILED
Apr 29, 2006
Secretary of State

Entity Name: FAMILY OUTREACH MINISTRY FAITH BASED CORP.

Current Principal Place of Business:

3045 MALLARD AVE
DELTONA, FL 327388011

New Principal Place of Business:

Current Mailing Address:

3045 MALLARD AVE
DELTONA, FL 327388011

New Mailing Address:

FEI Number: 01-0643875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANTIGUA, LUIS R
3045 MALLARD AVE
DELTONA, FL 327388011 US

Name and Address of New Registered Agent:

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: D () Delete
Name: POLANCO, DANILO
Address: 4888 ADAIR OAK DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: D () Delete
Name: LANTIGUA, MIGDALIA
Address: 1483 RENTON STREET
City-St-Zip: DELTONA, FL 327257421

Title: D () Delete
Name: LANTIGUA, REYNALDO
Address: 1483 RENTON STREET
City-St-Zip: DELTONA, FL 327257421

Title: D () Delete
Name: POLANDO, IZILDA
Address: 4888 ADAIR OAK DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: D () Delete
Name: ROBAYO, JOHANNA
Address: 102 SAN SEBASTIAN COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: OSORIO, RAFAEL
Address: 590 GERALDINE DRIVE
City-St-Zip: DELTONA, FL 32725

Title: D () Change (X) Addition
Name: CORDERO, MANASES
Address: 3133 QUAIL DR.
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the 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: REYNALDO LANTIGUA

D

04/29/2006

Electronic Signature of Signing Officer or Director

Date