FILED
Jul 03, 2003 8:00 am
Secretary of State
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04-18-2003 90128 002 ****70.50

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55050388

DOCUMENT # N02000001358

1. Entity Name
FAMILY OUTREACH MINISTRY FAITH BASED CORP.

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

[redacted]

☒ CHECK HERE IF MAKING CHANGES

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

01-0643875

4. FEI Number 01-643875 ☐ 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
LANTIGUA, LUIS R 3045 MALLARD AVE DELTONA FL 32738-8011	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

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	D CIPEDA, SIVANA C 14411 TAMBOURINE DR ORLANDO FL 32837-6978 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Linda Ritcher, PhD 823 Riverbend Blvd. Longwood, Fl. 32779 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANTIGUA, MIGDALIA 892 SHENANDOAH AVE DELTONA FL 32725-7421 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Angel M. Torres, PhD. 1001 oroPesa Ave. Orlando, Fl. 32807 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANTIGUA, REYNALDO 892 SHENANDOAH AVE DELTONA FL 32725-7421 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tony W. Shaw, PhD 4708 Miranda Cir. Orlando, Fl. 32818 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE OLIVEIRA, HELENA M 802 EGRET LANDING PL #305 ORLANDO FL 32825-6770 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Danilo Polanco, PhD. 2111 Michigan St. #137 Orlando, Fl. 32806 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE OLIVEIRA, IDYMILSON J 802 EGRET LANDING PL #305 ORLANDO FL 32825-6770 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERES, DAVID 15391 S DIXIE HWY #56 MIAMI FL 33157-1865 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Reinaldo Fenton, MCC 4/16/03 386-860-1307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #