2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2004
Secretary of State

DOCUMENT# N02000002437

Entity Name: NEW VISION OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

1533 NW 119 STREET
MIAMI, FL 33169

New Principal Place of Business:

9900 NW 7TH AVENUE
MIAMI, FL 33150

Current Mailing Address:

19388 NW 29TH PLACE
MIAMI, FL 33056

New Mailing Address:

FEI Number: 73-1636609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLESTE, PIERRE CEO
1533 NW 119 STREET
MIAMI, FL 33169 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: P ( ) Delete
Name: PIERRE, POLESTE
Address: 1533 NW 119 STREET
City-St-Zip: MIAMI, FL 33169

Title: V ( ) Delete
Name: JEAN CHARLES, GERALD
Address: 1533 NW 119 STREET
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete
Name: CAMILLE, ELVIS
Address: 1533 NW 119 STREET
City-St-Zip: MIAMI, FL 33169 US

Title: S ( ) Delete
Name: PIERRE, MARIE C
Address: 1533 NW 119 STREET
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete
Name: PHILIPPE, ANGELA
Address: 1533 149 ST
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete
Name: JEANNOT, ANNE R
Address: 1533 NW 119 ST
City-St-Zip: MIAMI, FL 33169

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: POLESTE PIERRE P 06/19/2004
Electronic Signature of Signing Officer or Director — Date