

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


FILED
Apr 21, 2003 8:00 am
Secretary of State

37.

03-26-2003 90136 048 ****61.25

DOCUMENT # NO2000002752

1. Entity Name
KARIZMA OUTREACH, INC.



Principal Place of Business
**1164 NW 75TH STREET
MIAMI FL 33150**

Mailing Address
**1164 NW 75TH STREET
MIAMI FL 33150**

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BAIN-REVELL, PRUCHELLE
1164 NW 75TH STREET
MIAMI FL 33150**

4. FEI Number
02-0595565

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____

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

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BAIN-REVELL, PRUCHELLE	
STREET ADDRESS	1164 NW 75TH STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BAIN-HUDSON, SHARHONDRA	
STREET ADDRESS	365 NE 205 TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, BETTY	
STREET ADDRESS	7725 TAMUSHANTER BLVD.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WANDA IVY	
STREET ADDRESS	1144 NW 75 ST. (Rear)	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDA IVY	
STREET ADDRESS	1144 NW 75 Street (Rear)	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Bain-Revell* Date: 3/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)