

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90014 021 \*\*\*\*70.00

**DOCUMENT # N02000007414**

1. Entity Name

CHRIST OUTREACH MINISTRIES, INC.



Principal Place of Business

910 CALOOSAHATCHEE AVE  
LABELLE FL 33975

Mailing Address

314 MCARTHER BLVD.  
LEHIGH FL 33936

2. Principal Place of Business - No P.O. Box #

910 Caloosahatchee Str.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33974

4. FEI Number

51-0430504

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

RUSS, JUDY A  
314 MCARTHER BLVD.  
LEHIGH FL 33936

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, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	RUSS, BOOKER T	
STREET ADDRESS	314 MCAUTHER BLVD.	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUSS, JUDY A	
STREET ADDRESS	314 MCAUTHER BLVD.	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUSS, PHYLLIS	
STREET ADDRESS	2014 LOTUS RD.	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	C	<input type="checkbox"/> Delete
NAME	RUSS, ALLARUS	
STREET ADDRESS	23030 AVE. A	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	S	<input type="checkbox"/> Delete
NAME	STACK, RENEE	
STREET ADDRESS	2135 CRYSTAL DRIVE APT #47	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, SAMUEL	
STREET ADDRESS	2580 CHARLESTON PARK DRIVE	
CITY-ST-ZIP	ALVA FL 33920	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	314 McArthur Blvd	
CITY-ST-ZIP	Lehigh, Acres FL 33974	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	314 McArthur Blvd	
CITY-ST-ZIP	Lehigh Acres FL 33974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1030 Graystone Ave	
CITY-ST-ZIP	Lehigh Acres, FL 33974	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christina Harling	
STREET ADDRESS	P.O. Box 13	
CITY-ST-ZIP	Palm Dale FL 33444	
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 exemptions contained in Section 119, 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: *Judy Russ*

*Booker T Russ*

2/18/08

239-3690131