

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2007  
Secretary of State**

DOCUMENT# N03000003456

Entity Name: CITY MISSION FAMILY OUTREACH, INC.

**Current Principal Place of Business:**

6531 SUNSET STRIP UNIT 18  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

730 E. EVANSTON CIRCLE  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 11-3686360      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAYLOR, YVONNE  
730 E. EVANSTON CIRCLE  
FORT LAUDERDALE, FL 33312      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: PD      ( ) Delete  
Name: MAYLOR, YVONNE  
Address: 730 E. EVANSTON CIRCLE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VD      ( ) Delete  
Name: MAYLOR, STEWART  
Address: 730 E. EVANSTON CIRCLE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: SD      ( ) Delete  
Name: DAWES-MORGAN, NADIA  
Address: 3860 JASMINE LANE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD      ( ) Delete  
Name: HOPWOOD, CYNTHIA  
Address: 5348 N.W. ALAM COURT  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D      ( ) Delete  
Name: MORGAN, ORAL  
Address: 3860 JASMINE LANE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D      (X) Delete  
Name: BROWN, SHAHARA  
Address: 4821 N.W. 8TH STREET  
City-St-Zip: PLANTATION, FL 33317

**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 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: YVONNE MAYLOR

PD

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date