

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000003919.

1. Entity Name

CHURCH IN THE HOUSE OUTREACH MINISTRIES, INC.



Principal Place of Business

Mailing Address

**7350 FAIRWAY BLVD.
MIRAMAR FL 33023**

**7350 FAIRWAY BLVD.
MIRAMAR FL 33023**



1st MOORE

CR2E037 (10/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-2094602

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Destroyed ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENNETT, L. GRACE
7350 FAIRWAY BLVD.
MIRAMAR FL 33023**

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, 2007**

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

NAME PD ☐ Delete
BENNETT, L. GRACE
STREET ADDRESS 7350 FAIRWAY BLVD.
CITY ST ZIP MIRAMAR FL 33023

NAME ☐ Change ☐ Add
U00000628572
02/16/07-80021-011 66.25

NAME VD ☐ Delete
LESLIE, SHERYL
STREET ADDRESS 7790 NW 23RD ST.
CITY ST ZIP PEMBROKE PINES FL 33024

NAME ☐ Change ☐ Add

NAME TD ☐ Delete
CHUNG, ARPET
STREET ADDRESS 4770 NW 19TH CT.
CITY ST ZIP LAUDERHILL FL 33313

NAME ☐ Change ☐ Add

NAME SD ☐ Delete
CARTY, SANDRA
STREET ADDRESS 4770 NW 19TH CT.
CITY ST ZIP LAUDERHILL FL 33313

NAME ☐ Change ☐ Add

NAME ☐ Delete

NAME ☐ Change ☐ Add

NAME ☐ Delete

NAME ☐ Change ☐ Add

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: *L. Grace Bennett* **L. GRACE BENNETT** 2/6/07 954 983 9341