

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2004 8:00 am**  
**Secretary of State**

01-09-2004 90070 019 \*\*\*\*70.00

<b>DOCUMENT # N03000004632</b>					
<b>1. Entity Name</b> MY ROCK AND MY SALVATION OUTREACH MINISTRIES, INC.					
<b>Principal Place of Business</b> 581 SW 176H AVE PEMBROKE PINES, FL 33029 <i>wjc</i>			<b>Mailing Address</b> 581 SW 176H AVE PEMBROKE PINES, FL 33029		
<b>2. Principal Place of Business</b> 8919 TAFT ST.		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> PEMBROKE PINES FLA		<b>City &amp; State</b>		<b>4. FEI Number</b> <input checked="" type="checkbox"/> <b>Applied For</b> Not Applicable	
<b>Zip</b> 33024		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CLARKE, WARREN REV 581 SW 176H AVE PEMBROKE PINES, FL 33029			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: <i>N/A</i> <b>FL</b> Zip Code: _____		
<b>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.</b>  SIGNATURE: <i>N/A</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PCEO	<b>NAME</b> CLARKE, WARREN REV		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 581 SW 176H AVE	<b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33029		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> CLARKE, WARREN REV		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 581 SW 176H AVE	<b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33029		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VD	<b>NAME</b> CLARKE, PHILIP JR, REV		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1030 NW 129TH ST	<b>CITY-ST-ZIP</b> MIAMI, FL 33168		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DS	<b>NAME</b> DOMINICI, TAMIKA		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 7825 MERIDIAN ST	<b>CITY-ST-ZIP</b> MIRIMAR, FL 33023		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DT	<b>NAME</b> CLARKE, THERESA		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 581 SW 176H AVE	<b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33029		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Warren J. Clarke</i> <b>WARREN J. CLARKE</b>			<b>1/7/04</b> <b>954-612-0141</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		