

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000004632**

1. Entity Name  
**MY ROCK AND MY SALVATION OUTREACH MINISTRIES, INC.**



Principal Place of Business  
**5920 JOHNSON ST.  
HOLLYWOOD, FL 33020**

Mailing Address  
**581 SW 176H AVE  
PEMBROKE PINES, FL 33029**



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-0786981</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CLARKE, WARREN REV  
581 SW 176H AVE  
PEMBROKE PINES, FL 33029**

**DO NOT WRITE  
IN THIS SPACE**

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 REV. WARREN J. CLARKE Warren J. Clarke 1/6/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
CLARKE, WARREN REV  
581 SW 176H AVE  
PEMBROKE PINES, FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CLARKE, WARREN REV  
581 SW 176H AVE  
PEMBROKE PINES, FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
CLARKE, PHILIP JR, REV  
1030 NW 129TH ST  
MIAMI, FL 33168**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
DOMINICI, TAMIKA  
7825 MERIDIAN ST  
MIRIMAR, FL 33023**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
CLARKE, THERESA  
581 SW 176H AVE  
PEMBROKE PINES, FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000381717  
01/11/06-80067-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: WARREN J. CLARKE Warren J. Clarke 1/6/06 954-613-0141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #