

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004632

FILED  
Apr 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5920 JOHNSON ST.  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

581 SW 176H AVE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 06-0786981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARKE, WARREN REV  
581 SW 176H AVE  
PEMBROKE PINES, FL 33029 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: PCEO ( ) Delete  
Name: CLARKE, WARREN REV  
Address: 581 SW 176H AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: CLARKE, WARREN REV  
Address: 581 SW 176H AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD ( ) Delete  
Name: CLARKE, PHILIP JR, REV  
Address: 1030 NW 129TH ST  
City-St-Zip: MIAMI, FL 33168

Title: DS ( ) Delete  
Name: DOMINICI, TAMIKA  
Address: 1922 N.W. 184 TER.  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DT ( ) Delete  
Name: CLARKE, THERESA  
Address: 581 SW 176H AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

**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:

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: WARREN J. CLARKE

PCEO

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date