

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000005324

1. Entity Name
 STRAITWAY OUTREACH MINISTRIES, INC.



Principal Place of Business
 6807 OAKMONT
 NORTH LAUDERDALE, FL 33068

Mailing Address
 6807 OAKMONT
 NORTH LAUDERDALE, FL 33068



08212006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 57-1171958

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMPKIN, VICTORIA L
 6807 OAKMONT
 NORTH LAUDERDALE, FL 33068

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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)

000000576453
 09/07/06-80007-009 150.00
 DATE

Filing Fee is \$61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME LAMPKIN, JEFFREY
 STREET ADDRESS 6807 OAKMONT
 CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE MD
 NAME LAMPKIN, VICTORIA L
 STREET ADDRESS 6807 OAKMONT
 CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 8-30-06
 Date Daytime Phone #