## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006282

FILED Jun 08, 2009 Secretary of State

Entity Name: CHRISTIAN OUTREACH MINISTRIES, INC.

unciici	rincipal Place of Business:	New Prince	cipal Place of Business:
	69 TERRACE PRINGS, FL 33065		
urrent N	failing Address:	New Maili	ing Address:
	69 TERRACE PRINGS, FL 33065		
El Number: 57-1172774 FEI Number Applied For() FEI l accordance with s. 607.193(2)(b), F.S., the corporation did not receiv ame and Address of Current Registered Agent:		Number Not Applicable ( ) Certificate of Status Desired ( ) ve the prior notice.  Name and Address of New Registered Agent:	
TULTZ, . 9 W ME T LAUDE	JACINTH ELROSE CIR ERDALE, FL 33314 US		
	e named entity submits this statement for the purpose e of Florida.	se of changing	its registered office or registered agent, or both
GNATU			
	Electronic Signature of Registered Agent		Date
FICER	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO
e: me: dress: y-St-Zip:	D () Delete HAASE, STEADMAN 4206 NW 69 TERRACE CORAL SPRINGS, FL 33065	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
	D ( ) Delete	Title:	( ) Change ( ) Addition
e: me: dress: y-St-Zip:	PAGE, VALETA 5572 SW 7 ST MARGATE, FL 33068	Name: Address: City-St-Zip:	
me: dress: y-St-Zip: e: me: dress:	5572 SW 7 ST	Address:	D (X) Change ( ) Addition HAASE, EILEEN 4206 NW 69 TERRACE CORAL SPRINGS, FL 33065
me: dress:	5572 SW 7 ST MARGATE, FL 33068  D () Delete WILSON, MAURICE 4220 NW 21 STREET #220	Address: City-St-Zip: Title: Name: Address:	HAASE, EILEEN 4206 NW 69 TERRACE
me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress:	5572 SW 7 ST MARGATE, FL 33068  D ( ) Delete WILSON, MAURICE 4220 NW 21 STREET #220 LAUDERDALE LAKES, FL 33313  PD ( ) Delete STULTZ, JACINTH 649 W MELROSE CIR	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	HAASE, EILEEN 4206 NW 69 TERRACE CORAL SPRINGS, FL 33065

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: HAASE, STEADMAN D 06/08/2009