

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009398

FILED  
Jul 24, 2006  
Secretary of State

Entity Name: VISION MINISTRIES OUTREACH, INCORPORATED

**Current Principal Place of Business:**

547 WALKER AVE.  
DAYTONA BCH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**  
P. O. BOX 1548  
DAYTONA BCH, FL 32115

**New Mailing Address:**

FEI Number: 80-0071836      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MANZUETA, MILTON  
547 WALKER AVE.  
DAYTONA BCH, FL 32114 US

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: D ( ) Delete  
Name: MANZUETA, MILTON  
Address: 547 WALKER AVE.  
City-St-Zip: DAYTONA BCH, FL 32114

Title: D ( ) Delete  
Name: MANZUETA, JUAN  
Address: 17120 NW 27TH AVE.  
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete  
Name: JOE, FREDRIC  
Address: 625 RUTH ST.  
City-St-Zip: DAYTONA BCH, FL 32114

Title: D ( ) Delete  
Name: WHITTAKER, CAMESHA S  
Address: 100 BENT TREE DR., APT. 4  
City-St-Zip: DAYTONA BCH, FL 32114

Title: D ( ) Delete  
Name: OLI, SAMPSON  
Address: 640 DR. MARY MCLEOD BETHUNE BLVD.  
City-St-Zip: DAYTONA BCH, FL 32115

Title: D ( ) Delete  
Name: SALAAM, HAMIDULLAH  
Address: 1817 GADSEN ST., SUITE A  
City-St-Zip: TALLAHASSEE, FL 32301

**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:

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: MILTON MANZUETA

D

07/24/2006

Electronic Signature of Signing Officer or Director

Date