


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90082 023 \*\*\*\*61.25

DOCUMENT # NO4000001294

1. Entity Name  
The Omega Joshua Generation  
Counseling Service Inc



**DO NOT WRITE IN THIS SPACE**

**66008026**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
222 NW 5th Ave  
Suite, Apt. #, etc.

3. Mailing Address  
222 NW 5th Ave  
Suite, Apt. #, etc.

City & State  
Delray Bch, FL

City & State  
Delray Bch, FL

Zip  
33444

Country  
Prm Bch

Zip  
33444

Country  
Prm Bch

4. FFI Number  
74-3115386

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SHEILA FRANCIS

Street Address (P.O. Box Number is Not Acceptable)  
222 NW 5th Ave

City Delray Bch FL Zip Code 33444

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 Sheila M. Francis DATE 2/17/05

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CEO SHEILA FRANCIS D 222 NW 5th Ave Delray Bch, FL 33444</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BRENDA GARDNER D 160 SE 27th Ave Boynton Bch, FL 33435</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RUTH BUTLER D 222 NW 5th Ave Delray Bch, FL 33444</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER AUDREY CHARLES D 528 Henning Way Lane Roswell, Ga 30075</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ADMINISTRATIVE ASST/SECRETARY D YAR BROWN 160 SE 27th Ave Boynton Bch, FL 33435</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>EXECUTIVE DIRECTOR JANIE JOHNSON D 4383 BRANDON DR Delray Bch, FL 33448</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila M. Francis DATE 2/17/05 DAYTIME PHONE # 561-582-2678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)