


**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90019 006 \*\*\*\*66.25

DOCUMENT # <b>NO400000474</b>	
1. Entity Name <b>HUMAN CRISIS OUTREACH OPERATED BY - THE ADVENTIST GROUP</b>	

**DO NOT WRITE IN THIS SPACE**


2. Principal Place of Business <b>5514 Edgewater Dr.</b>		3. Mailing Address <b>P.O. Box 541555</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32810</b>	Country <b>Orange</b>	Zip <b>32810</b>	Country <b>Orange</b>

40093036

CR2E037B (8/05)

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-3101134</b>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
	7. Name and Address of Current Registered Agent		
	Name <b>Anthony D. Zeman</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>5514 Edgewater Dr.</b>			
City <b>Orlando,</b>			FL Zip Code <b>32810</b>

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)

DATE

**FEE IS \$61.25  
Initial or Amended AR**

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	<b>Executive Director Anthony D. Zeman 5514 Edgewater Dr. Orlando, FL 32810</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR James Broughton 1123 W Fairbanks Ave #2 Orlando, FL 32804</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR JOSE DATU-ON 8003 Applehill Dr. Orlando, FL 32810</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR EMIL VILLAFRANCA 1123 W. FAIRBANKS AVE #5 Orlando, FL 32804</b>	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 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: 