

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90055 015 ****70.00

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1. Entity Name
CALVARY OUTREACH MINISTRY INC.



Principal Place of Business
236 SW 4TH ST
DEERFIELD BEACH, FL 33441

Mailing Address
P.O. BOX 121213
FT. LAUDERDALE, FL 33312

40006914



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
90-0184373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYNES SR., ROOSEVELT
5031 NW 17TH COURT
LAUDERHILL, FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME BROWN, GEORGE T JR.
STREET ADDRESS 236 SW 4TH ST
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SESSION, VICKIE
STREET ADDRESS 249 SW 4TH ST
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☒ Change ☐ Addition
NAME S-Session, Vickie
STREET ADDRESS 1454 Avon Lane Apt-733
CITY-ST-ZIP North Lauderdale, FL 33068

TITLE AS ☐ Delete
NAME SCOTT, ANGELA
STREET ADDRESS 1235 NW 15TH PL
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE ☒ Change ☐ Addition
NAME T-Scott, Angela
STREET ADDRESS 1235 NW 15th Pl.
CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE T ☒ Delete
NAME OLIVER, GLENDA
STREET ADDRESS 2201 NW 41TH PL
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE ☐ Change ☒ Addition
NAME D-Brown, Angela
STREET ADDRESS 236 SW 4th St.
CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE D ☐ Delete
NAME BYNES, ROOSEVELT
STREET ADDRESS 5031 NW 17TH CT.
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Delete
NAME CLAYTON, LARRY
STREET ADDRESS 1901 SW 83RD AVE
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Vickie Session - Vickie Session*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08 954-394-7000
Date Daytime Phone #