

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010000

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: FIRM FAITH OUTREACH MINISTRY, INC.

**Current Principal Place of Business:**

4632 ROTHSCHILD DRIVE  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

4632 ROTHSCHILD DRIVE  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 20-1781742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCAVONE, AL REV.  
4632 ROTHSCHILD DRIVE  
CORAL SPRINGS, FL 33067 US

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

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: P ( ) Delete  
Name: SCAVONE, AL REV.  
Address: 4632 ROTHSCHILD DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP ( ) Delete  
Name: ROVETTO, SUZANNE  
Address: 277 W. SHANNON STREET  
City-St-Zip: GILBERT, AZ 85233

Title: DIR ( ) Delete  
Name: SCAVONE, MICHELLE L  
Address: 4632 ROTHSCHILD DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DIR ( ) Delete  
Name: KIES, CHRISTINE  
Address: 875 N.W. 83RD DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DIR ( ) Delete  
Name: KIES, EDWARD S  
Address: 875 N.W. 83RD DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

**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:

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: REV. AL SCAVONE

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date