

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011907

FILED
Jul 29, 2005
Secretary of State

Entity Name: TO CURE IS TO CARE OUTREACH, INC.

Current Principal Place of Business:

12955 NE 6TH AVENUE, SUITE 402
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

12955 NE 6TH AVENUE, SUITE 402
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 73-1726722 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

ORTIZ, ISAIAS ESQ.
LAW OFFICE OF ISAIAS ORTIZ
11989 NE 7TH AVENUE
BISCAYNE, FL 33161 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: CEO () Delete
Name: WALKER, CALVIN
Address: 12955 NE 6TH AVNEUE, #402
City-St-Zip: MIAMI, FL 33161

Title: VP () Delete
Name: JOHNSON, MAVERLYN
Address: 10293 S.W. 24TH STREET
City-St-Zip: MIRAMAR, FL 33025

Title: TS () Delete
Name: BROWN, DEVIN D
Address: 1701 NW 66TH STREET
City-St-Zip: MIAMI, FL 33147

Title: TS () Delete
Name: LUSTER, ARDEN L
Address: 8117 THRASHER AVENUE
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: BROWN, DEVIN D REV.
Address: 1701 NW 66TH STREET
City-St-Zip: MIAMI, FL 33147

Title: TS (X) Change () Addition
Name: LUSTER, ARDEN L ELDER
Address: 8117 THRASHER AVENUE
City-St-Zip: JACKSONVILLE, FL 32219

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CALVIN WALKER

CEOP

07/29/2005

Electronic Signature of Signing Officer or Director

Date