

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002257

FILED  
May 13, 2007  
Secretary of State

**Entity Name:** CHRISTIAN REFUGEE CENTER & OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

2150 NORTHEAST 1ST AVENUE  
POMPAÑO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

2150 NORTHEAST 1ST AVENUE  
POMPAÑO BEACH, FL 33060

**New Mailing Address:**

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

JOSEPH, KESNEL REV.  
2150 NORTHEAST 1ST AVENUE  
POMPAÑO BEACH, FL 33060 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: PD ( ) Delete  
Name: JOSEPH, KESNEL  
Address: 2150 NORTHEAST 1ST AVENUE  
City-St-Zip: POMPAÑO BEACH, FL 33060

Title: VD ( ) Delete  
Name: DUCHET, FRANTZ  
Address: 2150 NORTHEAST 1ST AVENUE  
City-St-Zip: POMPAÑO BEACH, FL 33060

Title: SD ( ) Delete  
Name: JOSEPH, MARINATHA  
Address: 2150 NORTHEAST 1ST AVENUE  
City-St-Zip: POMPAÑO BEACH, FL 33060

Title: SD ( ) Delete  
Name: MCKINNY, SCHALA ASST.  
Address: P.O. BOX 5921  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: TD ( ) Delete  
Name: JOSEPH, LAVERN M  
Address: 2150 NE 1ST AVENUE  
City-St-Zip: POMPAÑO BEACH, FL 33060

Title: D ( ) Delete  
Name: CAMILLE, ELVIS COUNSEL  
Address: 1300 NE 212TH TERRACE  
City-St-Zip: MIAMI BEACH, FL 33179

**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:

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: KESNEL JOSEPH

REV

05/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date