

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90167 025 ****61.25

DOCUMENT # N05000012007
 1. Entity Name
FAITH FOCUS OUTREACH MINISTRY INC.



Principal Place of Business
**2035 WILLIAMS AVENUE
 SANFORD, FL 32771**

Mailing Address
**2035 WILLIAMS AVENUE
 SANFORD, FL 32771**

2. Principal Place of Business
1203 Olive Av
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 93
 Suite, Apt. #, etc.

City & State
SANFORD FL

City & State
SANFORD, FL

Zip
32771

Country
Seminole

Zip
32772

Country
Seminole

400000 -



02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
03-0575136

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, SWEETIE
 2035 WILLIAMS AVENUE
 SANFORD, FL 32771**

7. Name and Address of New Registered Agent

Name
NA

Street Address (P.O. Box Number/s 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 Sweetie Williams Sweetie Williams **4/24/06**
 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, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PST WILLIAMS, SWEETIE 2035 WILLIAMS AVENUE SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ANGELI 1504 WILLIAMS AVENUE SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JOHNNIE MCKINNON 207 OAK DR. OSTEEN, FL 32764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JODEJUAN, CAROLYN 2280 DOLLARWAY AVENUE SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director NIEGA BLACK 53 WILLIAM CLARK CT. SANFORD, FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director REV. MALAQUIAS BOSQUES PO Box 5621 DELTONA, FL 32728 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sweetie Williams Sweetie Williams **4/24/06** **407-322-1825**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #