

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90094 032 ****61.25

| | | | |
|--|--|---|--|
| DOCUMENT # N06000001237 1. Entity Name COMPASSION FOR HUMANITY OUTREACH MINISTRIES INTERNATIONAL, INC. | | | |
| Principal Place of Business 155 NW FREDERICA AVE PALM BAY, FL 32907 | | Mailing Address 155 NW FREDERICA AVE PALM BAY, FL 32907 | |
| 2. Principal Place of Business - No P.O. Box # 155 NW Frederica ave Suite, Apt. #, etc. | | 3. Mailing Address P.O BOX 110726 Suite, Apt. #, etc. | |
| City & State Palm Bay FLA Zip 32907 Country USA | | City & State Palm Bay FLA Zip 32911 Country USA | |
| 4. FEI Number 204518259 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VASSELL, MARVALYN B 155 NW FREDERICA AVE PALM BAY, FL 32907 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. Marvalyn Brown Vassell Director SIGNATURE: <u>Marvalyn Brown Vassell Director</u> 4/9/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DP VASSELL, MARVALYN B 155 NW FREDERICA AVE PALM BAY, FL 32907 <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 | DS LYSTON, MICHELLE 9413 NW 42ND ST SUNRISE, FL 33351 <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 | DT SINCLAIR, DAISY 4727 NW 1ST ST PLANTATION, FL 33317 <input checked="" type="checkbox"/> Delete | DT Carolyn Grant-Hamilton 9413 NW 42 street Sunrise FLA 33351 <input checked="" type="checkbox"/> Addition | <input type="checkbox"/> Change <input checked="" 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 |
| 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: <u>Marvalyn Brown Vassell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4/9/07 954 675 6297 <small>Date Daytime Phone #</small> | |