## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001507

Entity Name: FAITH MISSION OUTREACH MINISTRIES INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8601 W. COMMERCIAL BLVD TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

9425 NW 42ND STREET P.O. BOX 190273 SUNRISE, FL 33351 SUNRISE, FL 33319

FEI Number: 20-4089503 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SAMUELS, DESMOND MC CALLA, VEDA PRES.
9425 NW 42ND STREET 6190 WOODLAND BLVD
SUNRISE, FL 33351 US TAMARAC, FL 33319 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: VEDA MC CALLA 04/27/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: SAMUELS, DESMOND PASTOR Name: MC CALLA, VEDA G PRES Address: 9425 NW 42 STREET Address: 6190 WOODLAND BLVD

 Address:
 9425 NW 42 STREET
 Address:
 6190 WOODLAND BLVD

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:
 TAMARAC, FL 33319

Title: VP () Delete Title: VP (X) Change () Addition Name: MC CALLA, VEDA G EVANGLI Name: SAMUELS, DESMOND V/PRES Address: 6190 WOODLAND BLVD Address: 9425 NW 42 ST

City-St-Zip: TAMARAC, FL 33319 City-St-Zip: SUNRISE, FL 33351

Title: SEC. ( ) Delete Title: SEC. (X) Change ( ) Addition Name: SAMUELS, JACQUELINE M MIN. Name: SAMUELS, JACQUELINE M SEC

 Address:
 9425 NW 42 STREET
 Address:
 9425 NW 42 STREET

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:
 SUNRISE, FL 33351

Title: OFF ( ) Delete Title: OFF (X) Change ( ) Addition Name: NEIL- MORGAN, DEBBIE S OFFP

 Address:
 9300 NW 67 STREET
 Address:
 9300 NW 67 STREET

 City-St-Zip:
 TAMARAC, FL 33321
 City-St-Zip:
 TAMARAC, FL 33321

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: VEDA MC CALLA PRES 04/27/2007