2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State
06-14-2007 90001 037 ****70.00

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1. Entity Name
"DO NOT DESPAIR",COMMUNITY OUTREACH SERVICES & MINISTRIES, INC.

Principal Place of Business	Mailing Address
1091 S.E. SPINNAKER AVE. SUITE 3 PORT ST. LUCIE, FL 34983 US	1091 S.E. SPINNAKER AVE. SUITE 3 PORT ST. LUCIE, FL 34983 US

05122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-378-3617 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHINO, KETURAH A MRS.
1091 S.E. SPINNAKER AVE.
PORT ST. LUCIE, FL 34983

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is 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 Mrs. Keturah A. Chino Keturah A. Chino 5/14/07
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 September 14, 2007

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	CEO CHINO, KETURAH A MRS. 1091 S.E. SPINNAKER AVE. PORT ST. LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kefirah A. García-Reid-Mrs. 1750 No. Congress Ave. Apt 108 West Palm Beach, FL.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHINO, MELESIO 1091 S.E. SPINNAKER AVE. PORT ST. LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ardella Turner Mrs. 7747 So Rhodes Ave. Chicago, IL. 60619	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARCIA, Y'NEEKAH M MS. 8840 SO. INDIANA AVE. CHICAGO, IL 60619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Zephaniah T. García Mr. 11788 Oleander Royal Palm Beach, FL 33411	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, BEVERLY & MIKE MR.&MRS 1814 DUGDALE RD. NORTH CHICAGO, IL 60064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Clifton E. Turner Mr. 11788 Oleander Royal Palm Beach, FL 33411	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, MARVIN & OLGA PASTORS P.O. BOX 707 WEST PALM BEACH, FL 33402	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Antwon Courtney Mr. 1144 Biloxa Royal Palm Beach, FL. 33411	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, JAVIER T II 1091 S.E. SPINNAKER AVE. PORT ST. LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Keturah A. Chino . Keturah A. Chino 5/14/07 (772) 873-3772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #