

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000006243

**FILED**  
**Oct 04, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA MISSION OUTREACH CENTER INC

**Current Principal Place of Business:**

3200 N. 22ND. AVE  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

233 N FEDERAL HWY., SUITE 43  
DANIA BEACH, FL 33004 US

**Current Mailing Address:**

3200 N. 22ND. AVE  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

2816 SW 7TH STREET  
FT LAUDERDALE, FL 33312

**FEI Number:** 14-1969616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

CAPRON, FRANKLYN  
3200 N. 22ND AVE.  
HOLLYWOOD, FL 33020 US

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

CAPRON, FRANKLYN  
2816 SW 7TH STREET  
FT LAUDERDALE, FL 33312 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: FRANKLYN CAPRON

10/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CAPRON, FRANKLYN  
Address: 2816 SW 7TH ST.  
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: DABEK, INDRA  
Address: 5981 BENT PINE DR #1724  
City-St-Zip: ORLANDO, FL 32822

Title: T ( ) Change (X) Addition  
Name: CAPRON, ELAINE  
Address: 8121 NW 46 COURT  
City-St-Zip: LAUDERHILL, FL 33351

Title: S ( ) Change (X) Addition  
Name: CAPRON, LORNA  
Address: 2816 SW 7TH STREET  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: AS ( ) Change (X) Addition  
Name: MUIR, GAIRY  
Address: 4416 OLD OAK DRIVE  
City-St-Zip: CONYERS, GA 30094

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: FRANKLYN CAPRON

P

10/04/2009

Electronic Signature of Signing Officer or Director

Date