2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000006243

FILED Oct 05, 2009 Secretary of State

Entity Name: FLORIDA MISSION OUTREACH CENTER INC

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

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

Current Mailing Address: 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)

Name and Address of Current Registered Agent: 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

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

Title: () Delete Title: (X) Change () Addition

Name: DABEK, INDRA Name: PEEPLES, LEO

Address: 5981 BENT PINE DR #1724 Address: 4168 INVERRARY DRIVE #109 City-St-Zip: ORLANDO, FL 32822 City-St-Zip: LAUDERHILL, FL 33319

Title: () Delete Title: () Change () Addition

CAPRON, ELAINE Name: Name: 8121 NW 46 COURT Address: Address: City-St-Zip: LAUDERHILL, FL 33351 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

Name: CAPRON, LORNA Name: COX, CHARLEENA 2816 SW 7TH STREET 2424 SW 58TH MANOR Address: Address: City-St-Zip: FT LAUDERDALE, FL 33312 City-St-Zip: FT LAUDERDALE, FL 33312

Title: () Delete Title: (X) Change () Addition

MUIR, GAIRY ERNESTINE, RAQUEL Name: Name: 4416 OLD OAK DRIVE 9133 NW 38TH DRIVE Address: Address: City-St-Zip: CONYERS, GA 30094 City-St-Zip: CORAL SPRINGS, FL 33065

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 Ρ 10/05/2009