2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90407 043 ****61.25

DOCUMENT # N93000000845

1. Entity Name

CHAMPIONS OUTREACH MINISTRIES, INC.

Principal Place of Business	Mailing Address
13011 SW 259 ST HOMESTEAD FL 33035 US	13011 SW 259 ST HOMESTEAD FL 33035 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
65 S. Semoran Blvd	P.O. Box 570239
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FL 32857
Zip: 32807 Country: ORANGE	Zip: 32857 Country: ORANGE

4. FEI Number: 65-0394053 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SARRAGA, ALEXANDER
13011 SW 259 ST
HOMESTEAD FL 33035

7. Name and Address of New Registered Agent

Name: ALEXANDER SARRAGA
Street Address (P.O. Box Number is Not Acceptable): 65 S. Semoran Blvd
City: ORLANDO FL Zip Code: 32807

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.

SIGNATURE: [signature] Registered Agent 4-10-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SARRAGA, ALEXANDER ~~13011 SW 259 ST~~ 65 S. Semoran Blvd ~~HOMESTEAD FL~~ ORLANDO, FL 32857	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SARRAGA, SANDRA ~~13011 SW 259 ST~~ 65 S. Semoran Blvd ~~HOMESTEAD FL~~ ORLANDO, FL 32857	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VARGAS, RAUL ~~6516 SW 1ST TERRACE~~ 1522 ST. LAWRENCE ST ~~MIAMI FL 33174~~ ORLANDO, FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Isaac Vellekamp 10600 Bloomfield Dr #1517 ORL, FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Director Jennifer Golagarza 4990 NW 102 AVE #201 MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED [signature] President 4/10/02 407-277-7168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #