2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N93000000845

Entity Name: CHAMPIONS OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

5770 S. SEMORAN BLVD
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 570239
ORLANDO, FL 32857 US

New Mailing Address:

P.O. BOX 780087
ORLANDO, FL 32828 US

FEI Number: 65-0394053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARRAGA, ALEXANDER
5770 S. SEMORAN BLVD
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SARRAGA, ALEXANDER	
Address:	5770 S. SEMORAN BLVD.	
City-St-Zip:	ORLANDO, FL 32822	
Title:	VP	( ) Delete
Name:	SARRAGA, SANDRA	
Address:	5770 S. SEMORAN BLVD	
City-St-Zip:	ORLANDO, FL 32822	
Title:	D	( ) Delete
Name:	VELLEKAMP, ISAAC	
Address:	10061 CUSTER CIRCLE	
City-St-Zip:	ORLANDO, FL 32817	
Title:	D	( ) Delete
Name:	GALAGARZA, JENNIFER	
Address:	12873 SW 210 TERRACE	
City-St-Zip:	MIAMI, FL 33177	
Title:	D	( ) Delete
Name:	BYRN, ZELMA	
Address:	P.O. BOX 620657	
City-St-Zip:	OVIEDO, FL 32762	
Title:	D	( ) Delete
Name:	KNOWLES, ERICK	
Address:	512 CEDAR BEND CIRC LE # 102	
City-St-Zip:	ORLANDO, FL 32825	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALEXANDER SARRAGA PRES 04/28/2009

Electronic Signature of Signing Officer or Director — Date