


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90083 044 ****61.25

DOCUMENT # N94000000494
1. Entity Name
BAPTIST CHRISTIAN ASSEMBLY & MISSION OUTREACH INC.



Principal Place of Business Mailing Address
1160 SW 30 AVE 1817 NW 15TH ST
FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33311
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0457385 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

01001000



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
DESIR, ESTANGEL
1817 N.W. 15 ST.
FORT LAUDERDALE FL 33311

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESIR, ESTANGEL 1817 NW 15TH STREET FT. LAUDERDALE FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHURIN, DENISE 620 ARIZONA AVE FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERILUS, JACQUES 1305 E RIVER DRIVE MARGATE FL 33063	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, JOSETTE 445 SW-27-AVE-B FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESIR, MANITA B 1817 NW 15 ST FORT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOAN-ROBERT G. MOISE 720 N.E 13 CT # 2 FT LAUD FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Josette Joseph 1721 N.W 27 AVE Fort Laud FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Estangel Desir* **Estangel Desir** 954 709 1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #