
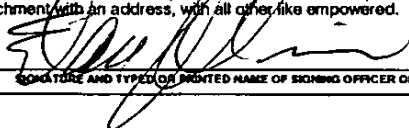


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90032 018 \*\*\*\*61.25

DOCUMENT # <b>N9400000494</b>					
1. Entity Name <b>BAPTIST CHRISTIAN ASSEMBLY &amp; MISSION OUTREACH INC.</b>					
Principal Place of Business <b>1160 SW 30 AVE FORT LAUDERDALE FL 33312 US</b>		Mailing Address <b>1817 NW 15TH ST FORT LAUDERDALE FL 33311 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0457385</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DESIR, ESTANGEL 1817 N.W. 15 ST. FORT LAUDERDALE FL 33311</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DESIR, ESTANGEL</b>	NAME			
STREET ADDRESS	<b>1817 NW 15TH STREET</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MOISE, JEAN-ROBERT G</b>	NAME	<b>MOISE, JEAN-ROBERT G.</b>		
STREET ADDRESS	<b>720 NE 13 CT #2</b>	STREET ADDRESS	<b>7450 S.W 10 st</b>	<b>Address</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>	CITY-ST-ZIP	<b>N. Laud. FL 33068</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CHERILUS, JACQUES</b>	NAME			
STREET ADDRESS	<b>1305 E RIVER DRIVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JOSEPH, JOSETTE</b>	NAME	<b>Joseph, Josette</b>		
STREET ADDRESS	<b>172 NW 27 AVE</b>	STREET ADDRESS	<b>1721 NW 27 AVE</b>		
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33311</b>	CITY-ST-ZIP	<b>Fort-Laud FL 33311</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DESIR, MANITA B</b>	NAME			
STREET ADDRESS	<b>1817 NW 15 ST</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 			Date: <b>3/10/05</b> Phone: <b>954 709 1428</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					