
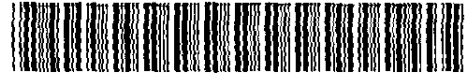


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000000494					
1. Entity Name BAPTIST CHRISTIAN ASSEMBLY & MISSION OUTREACH INC.					
Principal Place of Business 1160 SW 30 AVE FORT LAUDERDALE FL 33312 US		Mailing Address 1817 NW 15TH ST FORT LAUDERDALE FL 33311 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 65-0457385	Applied For Not Applicable
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
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"/> Add	
NAME	DESIR, ESTANGEL	NAME			
STREET ADDRESS	1817 NW 15TH STREET	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	MOISE, JEAN-ROBERT G	NAME			
STREET ADDRESS	7450 SW 10 ST	STREET ADDRESS			
CITY-ST-ZIP	N. LAUDERDALE FL 33068	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	CHERILUS, JACQUES	NAME			
STREET ADDRESS	1305 E RIVER DRIVE	STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	JOSEPH, JOSETTE	NAME			
STREET ADDRESS	1721 NW 27 AVE	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	DESIR, MANITA B	NAME			
STREET ADDRESS	1817 NW 15 ST	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0457385** Applied For Not Applicable

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

Make Check Payable to Florida Department of State

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CITY-ST-ZIP	FORT LAUDERDALE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 exemptions contained in Section 119, 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 *Estangela Desir* *Estangela Desir*