

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N 9400003180

1. Corporation Name

Principal Place of Business

Mailing Address

Faith By Works Outreach Ministry  
INC.  
1830 N.W. 185 Street  
OPA, Lock Miami FL 33056

99 SEP 15 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5.00002988505--4  
-09/17/99--01036--003  
\*\*\*\*\*75.00 \*\*\*\*\*75.00

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21. 1830 NW 185 Street  
Same Miami FL 33056

26. Same Miami FL 33056

June 27, 1994

22. City & State

27. City & State

4. FEI Number

Applied For

23. Zip

28. Zip

6505-19053

Not Applicable

24. Country

29. Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

25. City & State

30. City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

26. City & State

31. City & State

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

1830 NW 185 Street Paula Lee  
Miami FL 33056

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Paula Lee

Paula Lee

7-7-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. DR Paula Lee

DELETE

NAME Pres

STREET ADDRESS 1830 NW 185 Street

CITY-ST-ZIP Miami FL 33056

TITLE DR

NAME William Stuckey

DELETE

STREET ADDRESS 1830 NW 185 Street

CITY-ST-ZIP Miami FL 33056

TITLE DR

NAME Parnellha Stuckey

DELETE

STREET ADDRESS 1830 NW 185 Street

CITY-ST-ZIP Miami FL 33056

TITLE DR

NAME Netter Dixon

DELETE

STREET ADDRESS 1830 NW 185 Street

CITY-ST-ZIP Miami FL 33056

TITLE DR

NAME Netter Dixon

DELETE

STREET ADDRESS 1830 NW 185 Street

CITY-ST-ZIP Miami FL 33056

TITLE DR

NAME Netter Dixon

DELETE

STREET ADDRESS 1830 NW 185 Street

CITY-ST-ZIP Miami FL 33056

TITLE DR

NAME Netter Dixon

DELETE

STREET ADDRESS 1830 NW 185 Street

CITY-ST-ZIP Miami FL 33056

TITLE DR

NAME Netter Dixon

DELETE

STREET ADDRESS 1830 NW 185 Street

CITY-ST-ZIP Miami FL 33056

TITLE DR

NAME Netter Dixon

DELETE

STREET ADDRESS 1830 NW 185 Street

CITY-ST-ZIP Miami FL 33056

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paula Lee President

Date

7-7-99

Daytime Phone #

CR2E037 (11/98)