


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000003180	
1. Entity Name FAITH BY WORKS OUTREACH MINISTRY, INC.	

Principal Place of Business 1830 N.W. 185 STREET SUITE 1 OPA-LOCKA, FL 33056	Mailing Address 1830 N.W. 185 STREET SUITE 1 OPA-LOCKA, FL 33056
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DO NOT WRITE IN THIS SPACE



05132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0519053	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEE, PAULA 1830 N.W. 185 STREET MIAMI, FL 33056	DO NOT WRITE IN THIS SPACE
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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: <u><i>Paula J. Lee</i></u> <u><i>Paula J. Lee</i></u> <u><i>5/13/04</i></u>	(NOTE: Registered Agent signature required when reinstating)
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Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	000000160727 05/17/04-80011-001 75.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LEE, PAULA 1830 N.W. 185TH STREET MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STUCKEY, WILLIAM 1830 N.W. 185TH STREET MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT STUCKEY, PARNETHA 1830 N.W. 185TH STREET MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD DIXSON, NETTER 1830 N.W. 185TH STREET MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u><i>Paula J. Lee</i></u> <u><i>Paula J. Lee</i></u> <u><i>5/13/04</i></u> <u><i>3056202105</i></u>	Date Daytime Phone #
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