

ANNUAL REPORT**DOCUMENT # N94000004602**1. Entity Name
PRAYER AND OUTREACH MINISTRIES, INC.Principal Place of Business
3000 N.W. 50TH ST.
MIAMI, FL 33142Mailing Address
3000 N.W. 50TH ST.
MIAMI, FL 33142**FILED**
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90383 030 ****61.25



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152005

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0563285Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**MASON, WAYNE G
3000 N.W. 50TH ST.
MIAMI, FL 33142**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 20059. 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 PD
STREET ADDRESS MASON, WAYNE G
CITY-ST-ZIP 3000 N.W. 50TH ST.
MIAMI, FL 33142 ☐ DeleteTITLE
NAME VDC
STREET ADDRESS BURCH, ERIC
CITY-ST-ZIP 2040 NW 5 PLACE
MIAMI, FL 33127 ☒ DeleteTITLE
NAME ACD
STREET ADDRESS WILLIAMS, ANTOINE
CITY-ST-ZIP 8461 NW 5 COURT
MIAMI, FL 33150 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME VDC
STREET ADDRESS MARK DEZMAL
CITY-ST-ZIP 2268 S.W. 81ST Avenue
Miramar, FL. 33025 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 345-9935 4/13/05

Date

Daytime Phone #