

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000004602

FILED

Apr 19, 2006 08:00
Secretary of State

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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1. Entity Name
PRAYER AND OUTREACH MINISTRIES, INC.



Principal Place of Business

3000 N.W. 50TH ST.
MIAMI, FL 33142

Mailing Address

3000 N.W. 50TH ST.
MIAMI, FL 33142



03232006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
65-0563285

Applied For
Not Applicable

5. 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

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IN THIS SPACE**

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 resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000518777
05/02/06-30025-012 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MASON, WAYNE G
STREET ADDRESS 3000 N.W. 50TH ST.
CITY-ST-ZIP MIAMI, FL 33142

TITLE VDC
NAME DEZMAL, MARK
STREET ADDRESS 2268 S.W. 81ST AVENUE
CITY-ST-ZIP HOLLYWOOD, FL 33025

TITLE ACD
NAME WILLIAMS, ANTOINE
STREET ADDRESS 8461 NW 5 COURT
CITY-ST-ZIP MIAMI, FL 33150

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 305637-2045

Date

Daytime Phone #