


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N94000004602</b> 1. Entity Name PRAYER AND OUTREACH MINISTRIES, INC.	
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Principal Place of Business 3000 N.W. 50TH ST. MIAMI, FL 33142	Mailing Address 3000 N.W. 50TH ST. MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0563285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MASON, WAYNE G  
3000 N.W. 50TH ST.  
MIAMI, FL 33142

DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MASON, WAYNE G 3000 N.W. 50TH ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDC DEZMAL, MARK 2268 S.W. 81ST AVENUE HOLLYWOOD, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ACD WILLIAMS, ANTOINE 8461 NW 5 COURT 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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U00000845452  
03/13/08-80039-017 61.25

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 like empowered.

**SIGNATURE:** Wayne G. Mason **2/11/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #