

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005300 (6)**

1. Corporation Name

**FILIPINO OUTREACH MINISTRY, INC.**



Principal Place of Business <b>14561 SW 97TH ST MIAMI FL 33186</b>		Mailing Address <b>14561 SW 97TH ST MIAMI FL 33186</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	
3. Date Incorporated or Qualified <b>10/16/1996</b>		4. FEI Number <b>65-0702547</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CRUZ, CARLOS 14561 SW 97TH ST MIAMI FL 33186</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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		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			
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JIMENEZ, EDNA	1.2 NAME			
STREET ADDRESS	4633 SW 28TH WAY	1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP			
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRUZ, CARLOS	2.2 NAME			
STREET ADDRESS	14561 SW 97TH ST.	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP			
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARZADON, ALTHEA	3.2 NAME			
STREET ADDRESS	13517 SW 112TH PLACE	3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP			
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AZARDON, JEROME S	4.2 NAME			
STREET ADDRESS	13517 SW 112TH PLACE	4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP			
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRUZ, JOSE M	5.2 NAME			
STREET ADDRESS	16238 SW 139 CT	5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP			
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRUZ, LYDIA	6.2 NAME			
STREET ADDRESS	16238 SW 139 CT	6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP			

14. 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 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.

SIGNATURE: **Edna M. Jimenez** *Edna M. Jimenez*

4-27-98 (954)963-2091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0027831

CR2E037 (1097)