

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90345 049 ****61.25

DOCUMENT # N96000005300

1. Entity Name
FILIPINO OUTREACH MINISTRY, INC.



Principal Place of Business
**14561 SW 97TH ST
MIAMI, FL 33186**

Mailing Address
**4633 SW 28 WAY
FORT LAUDERDALE, FL 33312**

60028946



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0702547

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRUZ, CARLOS
14561 SW 97TH ST
MIAMI, FL 33186**

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, 2006**

9. 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 **D** ☐ Delete
NAME **JIMENEZ, EDNA**
STREET ADDRESS **4633 SW 28TH WAY**
CITY-ST-ZIP **FORT LAUDERDALE, FL**

TITLE **D** ☐ Delete
NAME **CRUZ, CARLOS**
STREET ADDRESS **14561 SW 97TH ST.**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **D** ☒ Delete
NAME **CAYOBIT, MARY ANN**
STREET ADDRESS **20155 SW 79TH CT.**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE **D** ☐ Delete
NAME **CRUZ, LINA**
STREET ADDRESS **14651 SW 97 ST**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **D** ☐ Delete
NAME **PAULE, MARIBEL S**
STREET ADDRESS **15736 SW 144 PL**
CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **D** ☐ Delete
NAME **CRUZ, DIVINIA A**
STREET ADDRESS **14561 SW 97 ST**
CITY-ST-ZIP **MIAMI, FL 33186**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Edna M. Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-06