FILED
Apr 30, 2008 08:00 AM
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000005300

1. Entity Name
FILIPINO OUTREACH MINISTRY, INC.

Principal Place of Business	Mailing Address
14561 SW 97TH ST MIAMI, FL 33186	4633 SW 28 WAY FORT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

04282008 No Chg-NP CR2E037 (4/08)

4. FEI Number
65-0702547

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000937627
05/27/08-80058-025 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JIMENEZ, EDNA
STREET ADDRESS	4633 SW 28TH WAY
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	D
NAME	CRUZ, CARLOS
STREET ADDRESS	14561 SW 97TH ST.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	CRUZ, LINA
STREET ADDRESS	14651 SW 97 ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	CRUZ, DIVINIA A
STREET ADDRESS	14661 SW 97 ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

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