

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # N9700000881

1. Corporation Name

CHRISTIAN FAITH OUTREACH COMMUNITY DEVELOPMENT C ORPORATION, INC.

Principal Place of Business 1257 NW 31ST AVE

Mailing Address

3270 N.W. 13TH STREET

## Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90155 007 \*\*\*122.50



FT. LAUDERDA	ALE FL 33311		FT. LAUDERDALE FL 33311										
2. Principal P	lace of Busines	s	2a. Mailing Ac					3. Date Incorporated or Qualifed 02/17/1997					
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				4. FEI Number				pplied For	
22			27					31-1517775			N	ot Applicable	
City & Stat	City & State			City & State			5.	Certifcate of	Status Desired	sired S8.75 Additional Fee Required			
Zip 24	25	Country	Zip	Zip Country				Election Campaign Financing Trust Fund Contribution				May Be to Fees	
		d Address of Currer					10.	Name and /	Address of Ne	w Registered	Agent		
					81	Name							
WASHING	TON, WYLEA	Nt .			82	Street	Address /D	O Boy Num	har is Not Acce	antable)			
	. 13TH STREE			62 Street Add			Muuless (F.	ddress (P.O. Box Number is Not Acceptable)					
	. 1317 SINES ERDALE FL 3												
FI. LAUU	ENDALE FE S	3311	•			<u> </u>					Sel Zin	Code	
					84	City				FL	1 1		
11. Pursuant office or r agent. I a	to the provision egistered agent m familiar with,	s of Sections 617.050 , or both, in the State and accept the obliga	2 and 617.1508, Fl of Florida. Such ch tions of, Section 61	orida Statutes, ange was auth 7.0503, Florida	the above orized by Statutes	e-named the corpo	corporation oration's bo	submits this pard of directo	statement for opens. I hereby ac	the purpose of cept the appoir	changing it ntment as r	s registered egistered	
SIGNATURE			124-14-11-14	AVOTE: Do	ciatanal Agar	d alonat na	required when re	vinetating)		DATE		<del></del>	
12.	Signature, typed or p	rinted name of registered age	ID DIRECTORS	(NUTE: Re	13.	ii signature i			CHANGES TO	OFFICERS AN	D DIRECT	ORS IN 12	
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14. 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP