

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 07, 2004 8:00 am
Secretary of State

03-16-2004 90031 046 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N97000000881					
1. Entity Name CHRISTIAN FAITH OUTREACH COMMUNITY DEVELOPMENT CORPORATION, INC.					
Principal Place of Business 3270 NW 13ST FT. LAUDERDALE FL 33311 US			Mailing Address 3270 NW 13ST FT. LAUDERDALE FL 33311 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 31-1517775	
				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 WASHINGTON, WYLEAN 3270 N.W. 13TH STREET FT. LAUDERDALE FL 33311			7. Name and Address of New Registered Agent 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 <u>Wylean Washington</u> DATE <u>3-9-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASHINGTON, WYLEAN 3270 NW 13TH ST FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shannon Price D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5201 NW 18th St Ft. Lauderdale FL 33311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, JOHNNY 3270 NW 13TH ST FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bernice L. Brown D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 570 SW 30th Ave. Ft. Lauderdale FL 33311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASHINGTON, JOHNNY JR 813 NW 4TH AVE FT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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: <u>Wylean Washington</u>		3-9-2004		(954) 587-7071	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	