2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2006 8:00 am Secretary of State

DOCUMENT # N9700000881 1. Entity Name CHRISTIAN FAITH OUTREACH COMMUNITY DEVELOPMENT CORPORATION, INC.					03-15-2006	90090 002 ****	61.25
Principal Place of Business Mailing Address 3270 NW 13ST 3270 NW 13ST FT. LAUDERDALE, FL 33311 US FT. LAUDERDALE, FL 3		311 US		AAN BINK LUM OTIO	BIHI BAIK BIID SIRY IRAI KI	I	
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012006 CH	ng-NP	CR2E037 (11/05)	
City & State		City & State		4. FEI Number 31-151777	5	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent		7. Name and Add	ress of New Re	gistered Agent	
WASHINGTON, WYLEAN							
				ress (P.O. Box Number is Not Acceptable)			
			- Cif.	······································		- 7:-0-4	
			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 Dy Lean Wush n Grossered agent and title of appointable. (NOTE: Registered Agent signature required when reinstating) 3-9-30-6 OATE							
	Signature, typed or printed name of registered agent a	und malar appacable. (NOTE:)	Registered Agent signature req	quired when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	palgn Financing	\$5.00 May Be Added to Fees	Floric	ke check payable to la Department of St	tate
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Floric	s and directors in	tate
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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 cath; 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: Walcow Washing of BIGNING OFFICER OR DIRECTOR