

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

3/11

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

03-16-2004 90031 045 ****61.25

DOCUMENT # N97000000883

1. Entity Name

CHRISTIAN FAITH OUTREACH MINISTRIES, INC.



66409997



MOORE CR2E037 (11/03)

| | | | |
|-------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------|---------|
| Principal Place of Business 3270 NW 13TH STREET FT. LAUDERDALE FL 33311 US | | Mailing Address 3270 NW 13TH STREET 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 <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 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 Wylean Washington DATE 3-9-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 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 pr.ice D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5201 NW 18 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 | Bennie L. Brown D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 570 SW 30 Ter Ft. Lauderdale FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WASHINGTON, JOHNNY JR 540 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)(l), 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: Wylean Washington DATE 3-9-2004 (954) 587-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR