

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000883

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** CHRISTIAN FAITH OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

3270 NW 13TH STREET  
FT. LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

3270 NW 13TH STREET  
FT. LAUDERDALE, FL 33311 US

**New Mailing Address:**

**FEI Number:** 31-1517775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WASHINGTON, WYLEAN  
3270 N.W. 13TH STREET  
FT. LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WASHINGTON, WYLEAN  
Address: 3270 NW 13TH ST  
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: WASHINGTON, JOHNNY  
Address: 3270 NW 13TH ST  
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: PD ( ) Delete  
Name: WASHINGTON, JOHNNY JR  
Address: 540 NW 4TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: PRICE, SHANNON  
Address: 5201 NW 18 ST.  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: BROWN, BENNIE L  
Address: 570 SW 30 TERR.  
City-St-Zip: FORT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WYLEAN WASHINGTON

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date