

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90219 044 ****70.00

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1. Entity Name
LIBERTY CITY OUTREACH PROGRAM, INC.



Principal Place of Business

6702 NW 15TH AVE
MIAMI, FL 33417

Mailing Address

6702 NW 15TH AVE
MIAMI, FL 33417

14000000



04262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0754873

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

SMITH, GILBERT
6702 NW 15TH AVE
MIAMI, FL 33417

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, GILBERT
STREET ADDRESS	12705 NE 4TH AVE
CITY-ST-ZIP	N MIAMI, FL 33161
TITLE	DC
NAME	JACKSON, LATONIA
STREET ADDRESS	17960 NW 22ND CT
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	TD
NAME	LITTLE TALESA,
STREET ADDRESS	1458 NW 99TH ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	SWAIN, ANTHONY
STREET ADDRESS	1914 NE 43RD STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	DC
NAME	HOLMES, JUDITH
STREET ADDRESS	17720 NW 41ST AVE.
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Albert Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2005 (305) 891-3570
Date Daytime Phone #