



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90444 032 \*\*\*\*70.00

<b>DOCUMENT # N97000003147</b>					
1. Entity Name <b>LIBERTY CITY OUTREACH PROGRAM, INC.</b>					
Principal Place of Business <b>6702 NW 15TH AVE MIAMI, FL 33417</b>			Mailing Address <b>6702 NW 15TH AVE MIAMI, FL 33417</b>		
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 <b>65-0754873</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SMITH, GILBERT 6702 NW 15TH AVE MIAMI, FL 33417</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GILBERT		NAME	Anthony Swain	
STREET ADDRESS	12705 NE 4TH AVE		STREET ADDRESS	1914 NW 43 St.	
CITY-ST-ZIP	N MIAMI, FL 33161		CITY-ST-ZIP	Miami, FL 33142	
TITLE	DC	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, LATONIA		NAME	Michael Allen	
STREET ADDRESS	17960 NW 22ND CT		STREET ADDRESS	490 NW 45 Ave.	
CITY-ST-ZIP	MIAMI, FL 33056		CITY-ST-ZIP	Plantation, FL 33317	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLE TALESIA,		NAME	Connie Swain	
STREET ADDRESS	1458 NW 99TH ST		STREET ADDRESS	1914 NW 43rd St.	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	Miami, FL 33142	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWAIN, ANTHONY		NAME	Dearta Smith	
STREET ADDRESS	1914 NE 43RD STREET		STREET ADDRESS	6702 NW 15th Ave.	
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP	Miami, FL 33147	
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, JUDITH		NAME		
STREET ADDRESS	17720 NW 41ST AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33055		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>4/18/06</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**50014892**



04182006 Chg-NP CR2E037 (11/05)