

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003147

FILED
May 01, 2007
Secretary of State

Entity Name: LIBERTY CITY OUTREACH PROGRAM, INC.

Current Principal Place of Business:

6702 NW 15TH AVE
MIAMI, FL 33417

New Principal Place of Business:

Current Mailing Address:

6702 NW 15TH AVE
MIAMI, FL 33417

New Mailing Address:

FEI Number: 65-0754873 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, GILBERT
6702 NW 15TH AVE
MIAMI, FL 33417 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: D () Delete
Name: SWAIN, ANTHONY
Address: 1914 NW 43 ST
City-St-Zip: MIAMI, FL 33142

Title: DC () Delete
Name: JACKSON, LATONIA
Address: 17960 NW 22ND CT
City-St-Zip: MIAMI, FL 33056

Title: TD () Delete
Name: LITTLE TALEZIA,
Address: 1458 NW 99TH ST
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: SWAIN, ANTHONY
Address: 1914 NE 43RD STREET
City-St-Zip: MIAMI, FL 33142

Title: DC () Delete
Name: HOLMES, JUDITH
Address: 17720 NW 41ST AVE.
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: ALLEN, MICHAEL
Address: 490 NW 45 AVE
City-St-Zip: FORT LAUDERDALE, FL 33317

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:

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: GILBERT SMITH

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date