

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004306

1. Entity Name
REPAIR SHOP OUTREACH MINISTRIES INC.



Principal Place of Business
**380 W 28TH STREET
RIVIERA BEACH, FL 33404**

Mailing Address
**380 W 28TH STREET
RIVIERA BEACH, FL 33404**



09022006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0768762

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRYANT, CARL A
350 W 28TH STREET
RIVIERA BEACH, FL 33404**

**DO NOT WRITE
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 \$81.25
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BRYANT, CARL A
STREET ADDRESS 380 W 28TH STREET
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE VPD
NAME CASON, MITCHELL
STREET ADDRESS 9730 S.W. 16 CT.
CITY-ST-ZIP HOLLYWOOD, FL 33025

TITLE T
NAME BRYANT, IRA
STREET ADDRESS 350 W 16 WAY
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE SD
NAME JOE, MELINDA
STREET ADDRESS 380 W 28TH STREET
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000576439
09/07/06-80006-011 61.25

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IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CARL BRYANT 9/2/06 561-502-3173