


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # N98C00006389                                   |  |
| 1. Entity Name<br>OPERATIONS REACH OUT ACROSS MIAMI, INC. |   |

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| Principal Place of Business<br>1956 NW 183RD STREET<br>MIAMI, FL 33056 | Mailing Address<br>1956 NW 183RD STREET<br>MIAMI, FL 33056 |
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03262004 No Chg-NP CR2E037 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0882734 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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|--|
| 6. Name and Address of Current Registered Agent<br><br>FRANCIS, JAMES N<br>1956 NW 183RD STREET<br>MIAMI, FL 33056 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

|   |   |   |
|---|---|---|
| Filing Fee is \$61.25<br>Due by May 1, 2004 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | U000000101863<br>04/02/04-80031-004 61.25 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BSVD<br>BEISEL, KATHLEEN<br>10315 SW 20TH STREET<br>MIRAMAR, FL 33025           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EDRA<br>COCKIN, STEPHEN<br>311 NW 201 AVE<br>PEMBROKE PINES, FL 33029           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DA<br>JOHNSON, SYDNEY<br>5213 SW 118TH AVE<br>COOPER CITY, FL 33330             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>GRANT, INEZ<br>15837 WAYERLEY MANOR<br>DAVIE, FL 33331                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SCS<br>CHRISTIE, MARLANDO<br>1190 NE 163RD STREET<br>N. MIAMI BEACH, FL 33162   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDCE<br>FRANCIS, JAMES N<br>19700 NE 22ND AVENUE<br>NORTH MIAMI BEACH, FL 33180 |

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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: <u>JAMES N. FRANCIS</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>3/30/04</u><br><small>Date</small> | Daytime Phone # <u>305-621-0002</u><br><small>Daytime Phone #</small> |
|---|--|---|