

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90427 009 ****75.00

DOCUMENT # N98000007027

1. Entity Name

COMFORT YE MY PEOPLE FELLOWSHIP OUTREACH
MINISTRY, INC. WITH REVEREND LYDIA THOMPSON



Principal Place of Business

1230 N.W. 9TH AVENUE
MIAMI FL 33136

Mailing Address

1230 N.W. 9TH AVENUE
MIAMI FL 33136

2. Principal Place of Business

3. Mailing Address

South Dixie 17013
Suite, Apt. #, etc. HWY

Dixie 17013 South
Suite, Apt. #, etc. Highway

City & State

Miami FL

City & State

Miami FL 33157

Zip 33157

Country Dade

Zip 33157

Country Dade

4. FEI Number

65-0880808

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARREN, MARY MRS
4470 NW 178 STREET
MIAMI FL 33055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMEJO, LYDIA T	
STREET ADDRESS	1230 NW 9TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROTT, OPHELIA	
STREET ADDRESS	11775 SW 273RD STREET	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, LORETTA	
STREET ADDRESS	1931 NW 194TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	HINSON, MAVIS	
STREET ADDRESS	17280 SW 149TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	TITUS, HYACINTH	
STREET ADDRESS	13409 SW 116TH COURT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROOKS, HEATHER	
STREET ADDRESS	13409 SW 116TH COURT	
CITY-ST-ZIP	MIAMI FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rev. Lydia Thompson Camejo* 4-20-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #