

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90051 003 ****71.00

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1. Entity Name
**COMFORT YE MY PEOPLE FELLOWSHIP OUTREACH
MINISTRY CENTER INC**



Principal Place of Business
**17013 SOUTH DIXIE HWY
MIAMI, FL 33157**

Mailing Address
**17013 SOUTH DIXIE HWY
MIAMI, FL 33157**

60028898



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0880808

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARREN, MARY MRS
4470 NW 178 STREET
MIAMI, FL 33055**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	JARVIS, ANICKA	
STREET ADDRESS	1250 NW 144 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
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	

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	
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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 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:

Lydia T Camejo Pastor- 3-20-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #