

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007027

FILED
Apr 22, 2009
Secretary of State

Entity Name: COMFORT YE MY PEOPLE FELLOWSHIP OUTREACH MINISTRY CENTER INC

Current Principal Place of Business:

17013 SOUTH DIXIE HWY
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

17013 SOUTH DIXIE HWY
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0880808 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WARREN, MARY MRS
4470 NW 178 STREET
MIAMI, FL 33055 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: PD () Delete
Name: CAMEJO, LYDIA T
Address: 1230 NW 9TH AVENUE
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: JARVIS, ANICKA
Address: 1250 NW 144 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: FORD, LORETTA
Address: 1931 NW 194TH TERRACE
City-St-Zip: MIAMI, FL 33056

Title: BOD () Delete
Name: HINSON, MAVIS
Address: 17280 SW 149TH AVENUE
City-St-Zip: MIAMI, FL 33186

Title: BOD () Delete
Name: TITUS, HYACINTH
Address: 13409 SW 116TH COURT
City-St-Zip: MIAMI, FL 33176

Title: T () Delete
Name: BROOKS, HEATHER
Address: 13409 SW 116TH COURT
City-St-Zip: MIAMI, FL 33176

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: LYDIA T. CAMEJO

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date