2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001787

FILED Apr 12, 2006 Secretary of State

Entity Name: FAITH COMMUNITY DEVELOPMENT OUTREACH, INC.					
Current Principal Place of Business:			New Principal Pla	ce of Business:	
7770 NW 2 MIAMI, FL					
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
3011 N.W. MIAMI, FL					
FEI Number:	65-0903480	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
JONES, DA 3011 N.W. MIAMI, FL	183RD ST.				
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 Ager	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () E JONES, DAISY 3011 N.W. 183RI MIAMI, FL 33056		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () E THOMPSON, WIL 3117 NW 204TH MIAMI, FL 33056	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () E THOMPSON, NAT 3117 NW 204TH MIAMI, FL 33056	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIE MAE JONES-THOOMPSON DS 04/12/2006