## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9900003680

FILED Apr 26, 2006 Secretary of State

Entity Name: RAY OF HOPE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	OS DE CAMPO	D BLVD			
BLDG. U : TAMARA(	#208 C, FL 33321	US			
Current Mailing Address:		New Mailir	New Mailing Address:		
P.O. BOX 938745					
MARGAT	E, FL 33093	US			
FEI Numbe	r:	FEI Number Applied For ( )	FEI Number Not Appli	licable (X) Certificate of Status Desired (X)	
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
8411 LAG BLDG. U-	AGNAC, MERA OOS DECAMPC 208 C, FL 33321 U	BLVD.			
	e named entity : te of Florida.	submits this statement for the	e purpose of changing it	ts registered office or registered agent, or both	
SIGNATU	JRE:				
	Electror	nic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	DEMONTAGNA 8411 LAGOS D	) Delete C, MERANDA D )ECAMPI BLVD., BLDG. U-208 33321 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CBOD ( ) GRANT, LLOYI 6331 S.W. 5TH MARGATE, FL	STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	BURROWS, MA 6920 S.W. 7TH		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SULLIVAN, GEI 2017 N.W. 46T	H AVENUE, A-404	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition SULLIVAN, GENNIA G 835 S.W. 50TH STREET MARGATE, FL 33068 US	
Fitle: Name: Address: City-St-Zip:	GRANT, ESTER 6331 SW 5TH		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	CASTLE, DON	) Delete SPRINGS BLVD. #103	Title: Name: Address:	D (X) Change ( ) Addition CASTLE, DON 8370 WINTER SPRINGS LANE	

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: MERANDA DEMONTAGNAC P 04/26/2006