

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003680

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: RAY OF HOPE OUTREACH MINISTRIES, INC.

## Current Principal Place of Business:

8411 LAGOS DE CAMPO BLVD  
BLDG. U #208  
TAMARAC, FL 33321 US

## New Principal Place of Business:

6635 W. COMMERCIAL BOULEVARD  
SUITE #216  
TAMARAC, FL 33319 US

## Current Mailing Address:

P.O. BOX 938745  
MARGATE, FL 33093 US

## New Mailing Address:

6635 W. COMMERCIAL BOULEVARD  
SUITE #216  
TAMARAC, FL 33319 US

FEI Number: 65-0929088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DEMONTAGNAC, MERANDA D  
8411 LAGOS DECAMPO BLVD.  
BLDG. U-208  
TAMARAC, FL 33321 US

## Name and Address of New Registered Agent:

DEMONTAGNAC, MERANDA D  
6635 W. COMMERCIAL BOULEVARD  
SUITE #216  
TAMARAC, FL 33319 US

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: MERANDA DEMONTAGNAC

04/16/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DEMONTAGNAC, MERANDA D  
Address: 8411 LAGOS DECAMPI BLVD., BLDG. U-208  
City-St-Zip: TAMARAC, FL 33321 US

Title: CBOD ( ) Delete  
Name: GRANT, LLOYD  
Address: 6331 S.W. 5TH STREET  
City-St-Zip: MARGATE, FL 33068 US

Title: TD ( ) Delete  
Name: BURROWS, MAUREEN  
Address: 6920 S.W. 7TH PLACE  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: SD ( ) Delete  
Name: SULLIVAN, GENNIA G  
Address: 835 S.W. 50TH STREET  
City-St-Zip: MARGATE, FL 33068 US

Title: D ( ) Delete  
Name: GRANT, ESTER  
Address: 6331 SW 5TH ST  
City-St-Zip: POMPAÑO BEACH, FL 33068 US

Title: D (X) Delete  
Name: CASTLE, DON  
Address: 8370 WINTER SPRINGS LANE  
City-St-Zip: LAKE WORTH, FL 33467 US

## 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 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

04/16/2007

Electronic Signature of Signing Officer or Director

Date