


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90309 049 ****61.25

DOCUMENT # N99000004270 1. Entity Name PROJECT HOPE OUTREACH MINISTRY, INC.					
Principal Place of Business 8001 NW 22 AVE. MIAMI FL 33147			Mailing Address 8001 NW 22 AVE. MIAMI FL 33147		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 82-0548572 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent DAWKINS, ANTHONY 4430 NW 173 DR MIAMI FL 33055				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PDC DAWKINS, ANTHONY 4430 NW 173 DR MIAMI FL 33055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Foster, Stacy 14100 NW 24th Apt 201 OPA-LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAWKINS, JOANNE 4430 NW 173 DR MIAMI FL 33055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weatherington, Clifford 1865 N.W. 69th Ter. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, JOE 4430 NW 173 DR MIAMI FL 33055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hemitt, Essie Mae 2015 N.W. 68th Ter. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDUFFIE, LINDA 4430 NW 173 DR MIAMI FL 33055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUSSELL-WILSON, NICOLA 19204 NW 28TH CT. MIAMI FL 33056	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICKERS, CHARLENE 8525 NW 14TH CT. MIAMI FL 33147	<input checked="" type="checkbox"/> Delete		TITLE 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 Section 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: _____

4/16/06 (305) 693-8227