

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005720

FILED
May 01, 2005
Secretary of State

Entity Name: CHILDREN'S INTERVENTION, OUTREACH AND REFERRAL MINISTRY, INC.

Current Principal Place of Business:

3215 AVE H EAST
WEST PALM BEACH, FL 33404

New Principal Place of Business:

15200 CITRUS GROVE BLVD
LOXAHATCHEE, FL 33470

Current Mailing Address:

P.O. BOX 7724
JUPITER, FL 33468

New Mailing Address:

FEI Number: 65-0965908 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FONG, MAUREEN LYEW
3125 AVE H EAST
WEST PALM BEACH, FL 33404 US

Name and Address of New Registered Agent:

FONG, MAUREEN LYEW
15200 CITRUS GROVE BLVD
LOXAHATCHEE, FL 33470 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: _____

05/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FONG, MAUREEN L
Address: 3125 AVE H EAST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: SD () Delete
Name: CHINSUE, MARLENE
Address: 3125 AVE H EAST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: TD () Delete
Name: HEISER, CATHERINE
Address: C/O PO BOX 7724
City-St-Zip: JUPITER, FL 33468

Title: D () Delete
Name: MORKEE, BARBARA A
Address: 1014 CHEYENNE ST
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: DARVILLE, JOYCE
Address: 480 32ND STREET
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FONG, MAUREEN L
Address: 15200 CITRUS GROVE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD (X) Change () Addition
Name: CHINSUE, MARLENE
Address: 15200 CITRUS GROVE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

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 Section 119.07(3)(i), 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: FONG, MAUREEN L

PD

05/01/2005

Electronic Signature of Signing Officer or Director

Date