

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40162

(0)

1. Corporation Name

THE KINGS OUTREACH, INC.



Principal Place of Business

8050 N.W. MIAMI CT., B-200
MIAMI FL 33150

Mailing Address

8050 N.W. MIAMI CT., B-200
MIAMI FL 33150

3. Date Incorporated or Qualified
08/24/1992

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALAGON, FRANK M BSHR DR
8050 N.W. MIAMI CTL, B-200
MIAMI FL 33150

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME THORNBURGH, DAVID B M.D.
STREET ADDRESS 420 WEST SAN MARINO DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33139

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD
NAME MALAGON, FRANK M PH.D.
STREET ADDRESS 8050 N.W. MIAMI CT., B-200
CITY-ST-ZIP MIAMI FL 33150

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME SABATES, RICARDO M.D.
STREET ADDRESS 1871 CORAL WAY
CITY-ST-ZIP MIAMI FL 33145

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE P
NAME OLDERR, F E REV.
STREET ADDRESS 8211 NECHAS CIRCLE
CITY-ST-ZIP EDEN PRAIRIE, HENNEPIN MN 55347

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)