FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(0)

FILED Jan 21 1997 8:00am Secretary of State

THE KINGS OUTREACH, INC.												
Principal Place of Business			Mailing Address 8050 N.W. MIAMI CT., B-200 MIAMI FL 33150-3084						INI NINIF DEI	TEL MINIT MINIT N	IBII BIBII IBBI	
8050 N.W. MIAMI CT., B-200 MIAMI FL 33150												
								3. Date Incorporated or Qualified 08/24/1992		ate of Last F 04/26/19]
2. Principal Pi	ace of Business	2a. 26	Mailing Address					4. FEI Number 41-0015369			pplied For ot Applicable	}
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & State)		City & State					6. Election Campaign Financing			May Be]
Zip	Country	28	Zip		untry			Trust Fund Contribution			to Fees	$\frac{1}{2}$
24	25		¬ '		odnii y			8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes		. 199.032,		
4	9. Name and Address of Curren	29 t Regist	ered Agent	[30]	Τ-			10. Name and Address of New Reg				1
					81	Name						1
	ON, FRANK M BSHP DR				82	Street	Addre	ss (P.O. Box Number is Not Acceptable	le)			┨
BUSU N.Y	W. MIAMI CTL, B-200 L 33150				83							┪
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					84	City			FL	85 Zip	Code	1
11. Pursuant i	to the provisions of Sections 617 050	2 and 61	7 1508 Florida Statut	es the	above	-named	coroc	pration submits this statement for the pr		f changing i	ts registered	1
l office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	la. Such change was a	authoriza	ed by	the cor	poratio	on's board of directors. I hereby accep	t the app	ointment as	registered	
SIGNATURE												1
	Signature, typed or printed name of registered age			_		ent signatur	e require	d when reinstating)	DATE.			_ ا
12.	OFFICERS ANI	DIREC		13.			T	ADDITIONS/CHANGES TO OFFIC	ERS AND			96/6
TITLE	D		☐ DELETE	- 1	TITLE		1			L. Change	Addition	
NAME	THORNBURGH, DAVID B M.D				NAME -							6
STREET ADDRESS	420 WEST SAN MARINO DRIV	/C		-		ADDRESS	1					R2E037
CITY-S1-ZIP	MIAMI BEACH FL 33139		DELETE		CITY - S TITLE	T-ZIP	ļ			Change	Addition	48
TITLE	MALAGON EDANK M DUD		□ otterit							Cusuño	Augition	~
NAME	MALAGON, FRANK M PH.D. 8050 N.W. MIAMI CT., B-200				NAME	********						
STREET ADDRESS	_			- 1		ADDRESS	1					1
CITY-ST-ZIP TITLE	MIAMI FL 33150		DELETE		CITY-S	ST-ZIP	 -			Change	Addition	+
NAME	SABATES, RICARDO M.D.		F-1 DEFELC		NAME						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS	1871 CORAL WAY			1		ADDRESS						
CITY - ST - ZIP	MIAMI FL 33145					ST-ZIP						1
TITLE	P		☐ DELETE		TITLE	U) - CII	1 -			Change	Addition	1
NAME	OLDERR, F E REV.			1	NAME		1					
STREET ADDRESS	8211 NECHAS CIRCLE					ADDRESS						
CITY-ST-ZIP	EDEN PRAIRIE, HENNEPIN M	N 5534	7		CITY-S							
TITLE			DELETE	_	TITLE		1			Change	Addition	1
NAME				5.2	NAME							
STREET ADORESS						ADDRESS						
CITY-ST-ZIP				1	CITY-5		1					1
TITLE			☐ DELETE		TITLE					Change	Addition	1
NAME				6.2	NAME							
STREET ADDRESS				6.3	STREET	ADDRESS	1					1
CITY-ST-ZIP				64	ÇITY-S	ST-21P						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 conversion 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 ortanges, or on an attachment with an address.

SIGNATURE: