

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008289

Entity Name: CHRISTIAN RESTORATION OUTREACH CENTER MINISTRIES, INC**FILED**
Aug 12, 2019
Secretary of State
7865239107CC**Current Principal Place of Business:**3741 W BROWARD BLVD
FT LAUDERDALE, FL 33312**Current Mailing Address:**3741 W BROWARD BLVD
F LAUDERDALE, FL 33312 US**FEI Number: 65-1099658****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NOREY, HENRI C
3741 W BROWARD BLVD
F LAUDERDALE, FL 33312 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title S
Name GOVAN, JAMILA S
Address 3741 W BROWARD BLVD
City-State-Zip: FT LAUDERDALE FL 33312Title T
Name FEVRIER, JADE
Address 3741 W BROWARD BLVD
City-State-Zip: FT LAUDERDALE FL 33312Title P
Name NOREY, HENRI
Address 3741 W BROWARD BLVD
City-State-Zip: FT LAUDERDALE FL 33312Title VP
Name COLLYMORE, RALPH
Address 3741 W BROWARD BLVD
City-State-Zip: FT LAUDERDALE FL 33312Title TRUSTEE
Name SEVERE, LINDA TR
Address 3741 W BROWARD BLVD
City-State-Zip: FT LAUDERDALE FL 33312

I hereby 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 all other like empowered.

SIGNATURE: HENRI NOREY**RD****08/12/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date