

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2005
Secretary of State**

DOCUMENT# 766973

Entity Name: FAITH OUTREACH CENTER, INC.

Current Principal Place of Business:

7607 SHELDON RD.
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

7607 SHELDON RD.
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-2296034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, GEORGE W., JR.
7505 NESTING PL CT
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALTERS, GEORGE W., JR.
Address: 7505 NESTING PL CT
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: WALTERS, MICKEY L.,
Address: 7505 NESTING PL CT
City-St-Zip: TAMPA, FL 33615

Title: VD () Delete
Name: STONE, VIRGIL
Address: RT 1 BOX 413
City-St-Zip: FLAT ROCK, AL 35966

Title: TD () Delete
Name: KUHN, EDWARD
Address: 4011 CATAWBA RIDGE
City-St-Zip: GAINESVILLE, GA 30506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICKEY L WALTERS

SD

01/05/2005

Electronic Signature of Signing Officer or Director

Date