

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766973

FILED  
Mar 19, 2009  
Secretary of State

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: 11603 ROSE TREE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

**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 exemption stated in Chapter 119, 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: GABRIELE SCOTT, FINANCIAL SECRETARY

FS

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date