2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767885

FILED Jan 14, 2008 Secretary of State

Entity Name: SOUTHERN OUTREACH SERVICES AND CLUB Y.A.N.A., INC.

Current Principal Place of Business: New Principal Place of Business: SOUTHERN OUTREACH INC. 111 HOWES ST. ALLANDALE, FL 32127 **New Mailing Address: Current Mailing Address:** 111 HOWES STREET ALLANDALE, FL 321275472 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAW, JACQUES BOWKLEY, ART 1039 BECKMAN DR 414 JEFFERSON AVE US SOUTH DAYTONA, FL 32119 PORT ORANGE, FL 32127 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: ART BOWKLEY 01/14/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WHITEHOUSE, HERB Name: Name: 5412 LANDIS AVE. Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: (X) Delete Title: () Change () Addition ARMSTRONG, CHRISTINE Name: Name: Address: 320 DUE EAST AVE. Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: () Delete Title: () Change () Addition SHAW, JACQUES Name: Name: 1039 BECKMAN DR. Address: Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: Title: () Delete Title: () Change () Addition PATRICK, DONALD L Name: Name: 102 HICKORY LANE Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: Title: (X) Delete () Change () Addition LEMLEY, CAROLYN Name: Name: 414 N. RIDGEWOOD AVE. #11 Address: Address: City-St-Zip: EDGEWATER, FL 32132 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: LYNNE M KING ASST 01/14/2008