

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006549

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: ISLAND OUTREACH, INC.

## Current Principal Place of Business:

156 SAND PINE PLACE  
NEW SMYRNA BEACH, FL 32168

## New Principal Place of Business:

2000 N. CONGRESS  
LOT #12  
WEST PALM BEACH, FL 33409

## Current Mailing Address:

156 SAND PINE PLACE  
NEW SMYRNA BEACH, FL 32168

## New Mailing Address:

2000 N. CONGRESS  
LOT #12  
WEST PALM BEACH, FL 33409

FEI Number: 27-0128214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALL, MARK R ESQ  
124 FAULKNER STREET  
NEW SMYRNA BEACH, FL 32168 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: D ( ) Delete  
Name: CROWE, RANDY L  
Address: 156 SAND PINE PLACE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: ALBURY, RALPH  
Address: 2000 N CONGRESS  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete  
Name: CREVASSE, LINDA  
Address: 351 FREEMAN AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 321687

Title: D ( ) Delete  
Name: PETERS, MABEL  
Address: 1365 SNELL ISLE BLVD  
City-St-Zip: ST PETERSBURG, FL 33704

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CROWE, RANDY L  
Address: 2000 N. CONGRESS, LOT#12  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D (X) Change ( ) Addition  
Name: ALBURY, RALPH  
Address: 2000 N CONGRESS, LOT #12  
City-St-Zip: WEST PALM BEACH, FL 33409

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 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: RANDY L. CROWE

D

01/04/2007

Electronic Signature of Signing Officer or Director

Date