


# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N19405		
1. Entity Name RESCUE OUTREACH MISSION OF SANFORD, INC.		

FILED  
04 OCT -7 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1701 W. 13TH STREET SANFORD, FL 32771	Mailing Address PO BOX 412 SANFORD, FL 32771
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09202004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent	
BOWEN, ROGER D. GREENE, DYCUS & CO., PA 205 N ELM AVE SANFORD, FL 32771	

4. FEI Number 59-1432974	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BURKE, RICHARD L 143 ESTATES CIRCLE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PITILPOTT, MELVIN 466 BRIGHTVIEW DR. LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BIRKE, GWENDOLYN L 143 ESTATES CIRCLE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BURKE, RICHARD L 143 ESTATES CIRCLE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nelson, Scott Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 585 Technology Park Lake Mary, Fl 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lockett, Leroy - <del>Director</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 616 Sarita Street Sanford, Fl 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000417754 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/11/04--01041--004 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard L. Burke 9/24/04 407-321-8224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #