
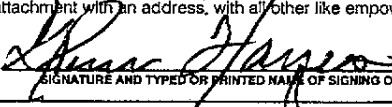


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005573 1. Entity Name CHILDREN'S CARE OUTREACH, INC.		
Principal Place of Business 1650 MARVIN STREET LAKE WALES, FL 33859		Mailing Address P O BOX 2258 BARTOW, FL 33831 PK
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, GLENN E 1650 MARVIN STREET LAKE WALES, FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYES, DONNA K 1650 MARVIN STREET LAKE WALES, FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAIR, PATTI P O BOX 332 ALTURAS, FL 33820	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYES, REDONNA A 3118 MOUNTAIN LAKE CUTOFF ROAD LAKE WALES, FL 33859	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CONNOR, BRUCE 650 SUNSET DR BARTOW, FL 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/14/05 (863) 528-7916 <small>Date Daytime Phone #</small>



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3666633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/20/05-80013-013 61.25

**DO NOT WRITE
IN THIS SPACE**