2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# N19405

Entity Name: RESCUE OUTREACH MISSION OF SANFORD, INC.

Current Principal Place of Business:

1701 W. 13TH STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 412
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-1432974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWEN, ROGER D
GREENE, DYCUS & CO., PA
205 N ELM AVE
SANFORD, FL 32771 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:	BURKE, RICHARD L	
Address:	143 ESTATES CIRCLE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D	( ) Delete
Name:	PITILPOTT, MELVIN	
Address:	466 BRIGHTVIEW DR.	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	T	( ) Delete
Name:	NELSON, SCOTT	
Address:	585 TECHNOLOGY PARK	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D	( ) Delete
Name:	LOCKETT, LEROY	
Address:	616 SARITA STREET	
City-St-Zip:	SANFORD, FL 32771	

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 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: RICHARD BURKE PRES 01/17/2006

Electronic Signature of Signing Officer or Director — Date