

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000697

FILED
Apr 30, 2006
Secretary of State

Entity Name: FORGOTTEN SOLDIERS OUTREACH, INC.

Current Principal Place of Business:

14065 SMITH SUNDY RD #8
DELRAY BEACH, FL 33446

New Principal Place of Business:

1114 N. FEDERAL HIGHWAY
SUITE 2 & 3
BOYNTON BEACH, FL 33435

Current Mailing Address:

14065 SMITH SUNDY RD #8
DELRAY BEACH, FL 33446

New Mailing Address:

9770 S. MILITARY TRAIL
SUITE B7-249
BOYNTON BEACH, FL 33436

FEI Number: 51-0493205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST JOHN CORE & LEMME PA
1601 FORUM PLACE STE 701
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

THOMAS A. ABBLETT, CPA
2424 N. FEDERAL HIGHWAY
SUITE 200
BOCA RATON,, FL 33431 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: THOMAS A. ABBLETT

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BAGGETT, LYNELLE
Address: 14065 SMITH SUNDY RD #8
City-St-Zip: DELRAY BEACH, FL 33446

Title: VD () Delete
Name: BAGGETT, WILLIAM
Address: 14065 SMITH SUNDY RD #8
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD () Delete
Name: BEARD, SUZANNE
Address: 5413 BONKY COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BAGGETT, LYNELLE
Address: 1617 HAWTHORNE PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: VD (X) Change () Addition
Name: SCHWARTZ, ELAINE
Address: 9553 SHADYBROOK DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD (X) Change () Addition
Name: SIMON, JEFFREY K
Address: 11579 KNIGHTSBRIDGE PLACE
City-St-Zip: WELLINGTON, FL 33467

Title: TD () Change (X) Addition
Name: BEARD, SUZANNE
Address: 5413 BONKY COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Change (X) Addition
Name: MOURING, C. ANNELIES
Address: 4276 PINE HOLLOW CIRCLE
City-St-Zip: GREENACRES, FL 33463

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: LYNELLE BAGGETT

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date