

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000697

FILED
Feb 26, 2007
Secretary of State

Entity Name: FORGOTTEN SOLDIERS OUTREACH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 51-0493205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JORGE A. SUAREZ JR.
13841 GERANIUM PLACE
WELLINGTON, FL 33414 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: JORGE A. SUAREZ, JR. 02/26/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHAUNCEY, LYNELLE S
Address: 1650 HAWTHORNE PLACE
City-St-Zip: WELLINGTON, FL 33414

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: LYNELLE SUE CHAUNCEY PD 02/26/2007

Electronic Signature of Signing Officer or Director Date