2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767885

FILED Jan 16, 2005 Secretary of State

Entity Name: SOUTHERN OUTREACH SERVICES AND CLUB Y.A.N.A., INC.

Current Principal Place of Business: New Principal Place of Business: SOUTHERN OUTREACH INC. 111 HOWES ST. ALLANDALE, FL 32127 **New Mailing Address: Current Mailing Address:** 111 HOWES STREET ALLANDALE, FL 321275472 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KNUTSON, BETTY J SHAW, JACQUES 329 JOY ROAD 409 LAURIÉ AVE. PORT ORANGE, FL 32127 SOUTH DAYTONA, FL 32119 US 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: JACQUES SHAW 01/16/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BUMPUS, GEORGE Name: Name: 59 GOLDEN GATE CR Address: Address: City-St-Zip: PORT ORANGE, FL 32019 City-St-Zip: Title: () Delete Title: (X) Change () Addition HOOPER, HELLEN Name: KING, LYNNE Name: Address: 29 GOLDEN GATE CIR Address: 3032 OAK HAMMOCK DRIVE City-St-Zip: PORT ORANGE, FL 32119 City-St-Zip: PORT ORANGE, FL 32129 Title: () Delete Title: () Change () Addition KNUTSON, BETTY J Name: Name: 409 LAURIE AVE. Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: (X) Change () Addition Title: Title: () Delete Name: LEWIS, GERRI Name: PATRICK, DONALD L 1645 DUNLAWTON AVE APT 514 935 S. ATLANTIC AVENUE UNIT #313 Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: DAYTONA BEACH, FL 32118 Title: () Delete Title: () Change () Addition CAMPBELL, SCOTT Name: Name: 5 WOODSIDE DR Address: Address: PORT ORANGE, FL 32129 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD L. PATRICK D 01/16/2005