2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767885

FILED Jan 08, 2007 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: SHAW, JACQUES 1039 BECKMAN DR SOUTH DAYTONA, FL 32119 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BUMPUS, GEORGE WHITEHOUSE, HERB Name: Name: 59 GOLDEN GATE CR Address: 5412 LANDIS AVE. Address: City-St-Zip: PORT ORANGE, FL 32019 City-St-Zip: PORT ORANGE, FL 32127 Title: Title: (X) Change () Addition () Delete KING, LYNNE Name: ARMSTRONG, CHRISTINE Name: Address: 3032 OAK HAMMOCK DRIVE Address: 320 DUE EAST AVE. City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: NEW SMYRNA BEACH, FL 32169 Title: () Delete Title: (X) Change () Addition KNUTSON, BETTY J SHAW, JACQUES Name: Name: 409 LAURIE AVE. 1039 BECKMAN DR. Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: SOUTH DAYTONA, FL 32119 Title: () Delete Title: (X) Change () Addition Name: PATRICK, DONALD L Name: PATRICK, DONALD L 935 S. ATLANTIC AVENUE UNIT #313 102 HICKORY LANE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: PORT ORANGE, FL 32128 Title: () Delete Title: () Change (X) Addition LEMLEY, CAROLYN Name: Name: 414 N. RIDGEWOOD AVE. #11 Address: Address: City-St-Zip: City-St-Zip: EDGEWATER, FL 32132

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: CHRISTINE ARMSTRONG D 01/08/2007