## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000002797

FILED Jul 07, 2005 Secretary of State

Entity Name: THE OFFICE OF DIRECTOR FOR COLAUSON OUTREACH AND HIS SUCCESSORS, A CORPORATION

SOLE

Current Principal Place of Business: New Principal Place of Business:

611 OCEANSIDE BLVD. 100 RIALTO PLACE

INDIALANTIC, FL 32903 SUITE 718

MELBOURNE, FL 32901

Current Mailing Address: New Mailing Address:

611 OCEANSIDE BLVD. 100 RIALTO PLACE

INDIALANTIC, FL 32903 SUITE 718

MELBOURNE, FL 32901

FEI Number: 20-0038216 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THE OFFICE OF PRESIDING ELDER FOR SOLE RES OURCES MISSION AND HIS SUCCESSORS, A CORP 1980 N. ATLANTIC AVENUE, SUITE 602 COCOA BEACH, FL 32931 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:

Clashesia Oiseachus of Desishes d Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: DP ( ) Delete Title: DP (X) Change ( ) Addition

Name: WILSON, KYLE Name: WILSON, KYLE
Address: 611 OCEANSIDE BLVD Address: 100 BIA TO BLACE SUITE 718

Address: 611 OCEANSIDE BLVD. Address: 100 RIALTO PLACE, SUITE 718 City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: MELBOURNE, FL 32901

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: KYLE W. WILSON DP 07/07/2005