

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002797

FILED  
Aug 14, 2007  
Secretary of State

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

**Current Principal Place of Business:**

100 RIALTO PLACE  
SUITE 748  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

100 RIALTO PLACE  
SUITE 748  
MELBOURNE, FL 32901

**New Mailing Address:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP      ( ) Delete  
**Name:** WILSON, KYLE  
**Address:** 100 RIALTO PLACE, SUITE 748  
**City-St-Zip:** MELBOURNE, FL 32901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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: KYLE WILSON

DP

08/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date