


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002083	
1. Entity Name FAITH HOUSE COMMUNITY OUTREACH, INC.	

Principal Place of Business 3402-E MOHAWK AVE. TAMPA, FL 33610	Mailing Address 3402-E MOHAWK AVE. TAMPA, FL 33610
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DO NOT WRITE IN THIS SPACE



03152003 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3635344	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARLINE, CHARLESETTA 3402-E MOHAWK AVE. TAMPA, FL 33610
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARLINE, CHARLESETTA 3402-E MOHAWK AVE. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMPSON, RUTHIA 4001 NASSAU TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARLINE, ARTHUR L 3402-E MOHAWK AVE. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/24/04-80008-013 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlsetta H. Arline *Charlsetta H. Arline* 5/24/04 813 231-4168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #