

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90195 005 ****70.00

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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

DO NOT WRITE IN THIS SPACE



03092005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3635344

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARLINE, CHARLESETTA
3402-E MOHAWK AVE.
TAMPA, FL 33610

**DO NOT WRITE
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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARLINE, CHARLESETTA
STREET ADDRESS 3402-E MOHAWK AVE.
CITY-ST-ZIP TAMPA, FL 33610

TITLE SD
NAME SAMPSON, RUTHIA
STREET ADDRESS 4001 NASSAU
CITY-ST-ZIP TAMPA, FL 33607

TITLE TD
NAME ARLINE, ARTHUR L.
STREET ADDRESS 3402-E MOHAWK AVE.
CITY-ST-ZIP TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(i), 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

Charlesetta W. Arline
Charlesetta W. Arline

4/26/05

813-231-4168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #