

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 26, 2006 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**



04252006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2006**

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	

U00000534875  
05/08/06-80030-009 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Charlsetta W. Arline* **4/25/06** **813-231-4168**