

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002083

FILED
Apr 24, 2007
Secretary of State

Entity Name: FAITH HOUSE COMMUNITY OUTREACH, INC.

Current Principal Place of Business:

3402-E MOHAWK AVE.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

3402-E MOHAWK AVE.
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3635344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: PD () Delete
Name: ARLINE, CHARLESETTA
Address: 3402-E MOHAWK AVE.
City-St-Zip: TAMPA, FL 33610

Title: SD () Delete
Name: SAMPSON, RUTHIA
Address: 4001 NASSAU
City-St-Zip: TAMPA, FL 33607

Title: TD () Delete
Name: ARLINE, ARTHUR L
Address: 3402-E MOHAWK AVE.
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLESETTA W. ARLINE

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date