


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000003447</b>	
1. Entity Name <b>ROCKWOOD OUTREACH INC.</b>	

Principal Place of Business <b>1937 W. 20TH ST. JACKSONVILLE FL 32209</b>	Mailing Address <b>1937 W. 20TH ST. JACKSONVILLE FL 32209</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3640409</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>SWAIN, JOHNNY B 1937 W. 20TH ST. JACKSONVILLE FL 32209</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>SWAIN, JOHNNY B</b> <b>1937 W 20TH ST</b> <b>JACKSONVILLE FL 32204</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SWAIN, DELORIS</b> <b>1937 W 20TH ST</b> <b>JACKSONVILLE FL 32209-4702</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONTFORD, DANIEL W</b> <b>2921 S PINES</b> <b>JACKSONVILLE FL 32209</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, VERNITA M</b> <b>11549 BIRCH FOREST CIRCLE</b> <b>JACKSONVILLE FL 32218</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SULLIVAN, GEORGE W</b> <b>1567 HURST PLACE</b> <b>JACKSONVILLE FL 32209</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>U00000280816</b> <b>03/30/05-80035-007 61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Johnny B. Swain **JOHNNY B. SWAIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # **904-354-3983**