


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90212 014 ****61.25

DOCUMENT # N00000003447					
1. Entity Name ROCKWOOD OUTREACH INC.					
Principal Place of Business 1937 W. 20TH ST. JACKSONVILLE, FL 32209			Mailing Address 1937 W. 20TH ST. JACKSONVILLE, FL 32209		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3640409	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SWAIN, JOHNNY B 1937 W. 20TH ST. JACKSONVILLE, FL 32209			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 <u>Johnny B. Swain</u> 5/2/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE C	NAME SWAIN, JOHNNY B <input type="checkbox"/> Delete				
STREET ADDRESS 1937 W 20TH ST	STREET ADDRESS 1937 W 20TH ST				
CITY-ST-ZIP JACKSONVILLE, FL 32204	CITY-ST-ZIP JACKSONVILLE, FL 32204				
TITLE S	NAME SWAIN, DELORIS <input type="checkbox"/> Delete				
STREET ADDRESS 1937 W 20TH ST	STREET ADDRESS 1937 W 20TH ST				
CITY-ST-ZIP JACKSONVILLE, FL 322094702	CITY-ST-ZIP JACKSONVILLE, FL 322094702				
TITLE D	NAME MONTFORD, DANIEL W <input type="checkbox"/> Delete				
STREET ADDRESS 2921 S PINES	STREET ADDRESS 2921 S PINES				
CITY-ST-ZIP JACKSONVILLE, FL 32209	CITY-ST-ZIP JACKSONVILLE, FL 32209				
TITLE D	NAME JOHNSON, VERNITA M <input type="checkbox"/> Delete				
STREET ADDRESS 11549 BIRCH FOREST CIRCLE	STREET ADDRESS 11549 BIRCH FOREST CIRCLE				
CITY-ST-ZIP JACKSONVILLE, FL 32218	CITY-ST-ZIP JACKSONVILLE, FL 32218				
TITLE D	NAME SULLIVAN, GEORGE W <input type="checkbox"/> Delete				
STREET ADDRESS 1567 HURST PLACE	STREET ADDRESS 1567 HURST PLACE				
CITY-ST-ZIP JACKSONVILLE, FL 32209	CITY-ST-ZIP JACKSONVILLE, FL 32209				
TITLE 	NAME <input type="checkbox"/> Delete				
STREET ADDRESS 	STREET ADDRESS 				
CITY-ST-ZIP 	CITY-ST-ZIP 				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Johnny B. Swain</u> 5/2/06 904-354-3983 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					