

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2005  
Secretary of State**

DOCUMENT# N00000003834

Entity Name: ROBINSON OUTREACH CENTER, INC.

**Current Principal Place of Business:**

P.O. BOX 220  
NEWBERRY, FL 32669 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 220  
NEWBERRY, FL 32669 US

**New Mailing Address:**

FEI Number: 59-3648670      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINSON, ALVIN L  
435 NW 252ND ST  
NEWBERRY, FL 32669 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: TV ( ) Delete  
Name: ROBINSON, JOANN  
Address: 435 NW 252 STREET  
City-St-Zip: NEWBERRY, FL 32669

Title: T ( ) Delete  
Name: SMITH, DEAN  
Address: 7024 SW 46TH AVE  
City-St-Zip: GAINESVILLE, FL 32618

Title: DP ( ) Delete  
Name: ROBINSON, ALVIN  
Address: 435 NW 252 STREET  
City-St-Zip: NEWBERRY, FL 32669

**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 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 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: JOANN ROBINSON

TV

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date