


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 8:00 am
Secretary of State


02-04-2004 90101 001 ***122.50

DOCUMENT # N00000006660 1. Entity Name CHRISTIAN OUTREACH OF S.W. FLORIDA, INC.	
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Principal Place of Business 8191 COLLEGE PKWY. FT. MYERS, FL 33919	Mailing Address PO BOX 61916 FT. MYERS, FL 33906
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DO NOT WRITE IN THIS SPACE

66400798



01242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3753711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SWEENEY, JEANNE
8191 COLLEGE PKWY.
FT. MYERS, FL 33919**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

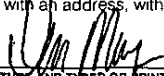
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, GERALD 13041 MCGREGOR BLVD #2 FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, WENDELL 14180 METROPOLIS AVE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, DON E 1500 ROYAL PALM SQ BLVD #101 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STRAYHORN, MIKE 1700 MEDICAL LN. FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **1-26-04 239-274-0404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #