


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000004628</b> 1. Entity Name <b>FRONTLINE MINISTRIES CHURCH OUTREACH, INC.</b>	
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Principal Place of Business <b>1557 HIGHCREST CIRCLE VALRICO, FL 33594</b>	Mailing Address <b>1557 HIGHCREST CIRCLE VALRICO, FL 33594</b>
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**DO NOT WRITE IN THIS SPACE**



07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3726015</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PRUITT, CATHERINE L REV. 1557 HIGHCREST CIRCLE VALRICO, FL 33594</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR PRUITT, B.J. DR. 1557 HIGHCREST CIRCLE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRUITT, CATHERINE L REV. 1557 HIGHCREST CIRCLE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REV. R. B. NEWBERRY 1115 U.S. HIGHWAY 301 S. TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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07/10/07-80019-009 70.00

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.

<b>SIGNATURE:</b> <u>B.J. Pruitt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>7/1/07</u> <small>Date</small>	<u>813 661 6882</u> <small>Daytime Phone #</small>
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