

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006640

FILED
Apr 04, 2007
Secretary of State

Entity Name: REMNANT REHABILITATIVE COUNSELING AND OUTREACH SERVICES, INC.

Current Principal Place of Business:

3530 1ST AVENUE NORTH
SUITE #207
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

P.O BOX 11205
ST PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 59-3756365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARNKE, JULIETTE B
2864 64TH AVE SOUTH
ST PETERSBURG, FL 33712 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: CEO () Delete
Name: WARNKE, JULIETTE B
Address: 2864 64TH AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: VP () Delete
Name: WILLIAMS, RAYMOND
Address: 205 24TH AVENUE SOUTH EAST
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: TRES () Delete
Name: HAILE, BRENDA
Address: 808 13TH AVENUE NORTH APT#8
City-St-Zip: ST PETERSBURG, FL 33705

Title: LA () Delete
Name: ROUSON, DARRYL
Address: 3110 FIRST AVENUE NORTH STE 5W
City-St-Zip: ST. PETERSBURG, FL 33713

Title: SEC (X) Delete
Name: SESLER, LINDA
Address: 1818-29TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33711

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:

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 Chapter 119, 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: JULIETTE Y. WARNKE

CEO

04/04/2007

Electronic Signature of Signing Officer or Director

Date