


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State


05-02-2008 90163 011 ****70.00

DOCUMENT # N02000003118 1. Entity Name SPIRITUAL OUTREACH OF FLORIDA, INC.	
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Principal Place of Business PO BOX 1114 OLDSMAR, FL 34677	Mailing Address PO BOX 1114 OLDSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE

40034000



04042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 11-3656171	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KUTCHINS, BRYAN A 3974 TAMPA RD STE A OLDSMAR, FL 34677	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	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	P HASTINGS, THOMAS F DD PO BOX 1114 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS RALSTON, DONALD J REV. <i>Remove</i> 1190 E LAKE RD., S. TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.T. BARRINGTON, ROLAND G REV. <i>Remove</i> 6344 8TH AVE. S. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Michael Baty - Exe. V.P. 3974 Tampa Rd, Suite A Oldsmar, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____