2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 04, 2004 8:00 am Secretary of State DOCUMENT # N02000006184 1. Entity Name 05-04-2004 90137 020 ****61.25 RAP COMMUNITY DEVELOPMENT OUTREACH, INC. Principal Place of Business Mailing Address 615 "W" STREET PENSACOLA FL 32505 615 "W" STREET PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) 4. FEI Number Applied For City & State City & State 01-0707141 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POWELL-RAY A Street Address (P.O. Box Number is Not Acceptable) 615 "W" STREET PENSACOLA FL 32505 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITI F ☐ Delete TITLE Change ☐ Addition POWELL, RAY A NAME NAME 2606 GREEN BAY AVE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition POWELL, DONNA F NAME NAME 2606 GREEN BAY AVE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete POWELL, RACHEL L NAME 2606 GREEN BAY-AVE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE ROBINSON, MAVIN D NAME NAME 852 W HOPE DR STREET ADDRESS STREET ADDRESS PENSACOLA FL 32534 CITY-ST-ZIP CITY-ST-ZIE ■ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 in changed, or on an attaction with an address, with all other like empowered. 50-221-2116 SIGNATURE:

CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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