


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000006722</b>	
1. Entity Name <b>BRIDGE OF HOPE OUTREACH INCORPORATED</b>	

Principal Place of Business <b>1900 SIPES AVENUE SANFORD, FL 32771</b>	Mailing Address <b>1900 SIPES AVENUE SANFORD, FL 32771</b>
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DO NOT WRITE IN THIS SPACE



08102006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>61-1467166</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>STALLWORTH, SHARON 1900 SIPES AVENUE SANFORD, FL 32771</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STALLWORTH, SHARON 1900 SIPES AVENUE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAMLIN, CHARLES 2008 SIPES AVENUE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAMLIN, MAUDE 2008 SIPES AVENUE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAMLIN, WANDA 170 COUNTRY CLUB CIRCLE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, GAIL 6349 HUNT ROAD COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/11/06-80001-015 55.00

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.

**SIGNATURE:** Sharon Stallworth  9/11/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #