

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2006
Secretary of State**

DOCUMENT# N02000008729

Entity Name: FOLLOWERS OF JESUS OUTREACH PROGRAMS, INC.

Current Principal Place of Business:

401 E. FRANCES AVENUE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

401 E. FRANCES AVENUE
TAMPA, FL 33602

New Mailing Address:

FEI Number: 45-0502541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, C.B.
401 E. FRANCES AVENUE
TAMPA, FL 33602 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: PD () Delete
Name: WILLIAMS, C.B.
Address: 401 E. FRANCES AVENUE
City-St-Zip: TAMPA, FL 33602

Title: SD () Delete
Name: NELSON VICKERS, ALA
Address: 112 E. PLYMOUTH
City-St-Zip: TAMPA, FL 33603

Title: TD () Delete
Name: WHITEHEAD, DARRYL
Address: 1023 S.E. 10TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

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:

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: WILLIAMS, C.B.

PD

05/02/2006

Electronic Signature of Signing Officer or Director

_____ Date