2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003950

FILED Apr 29, 2008 Secretary of State

Entity Name: THE HOUSE OF DAVID YOUTH OUTREACH INC.

E4E0 DLID		New Principal Place of Bus	illess:
TAMPA, F	RITAN CIRCLE FL 33617		
Current N	Nailing Address:	New Mailing Address:	
5158 PUR TAMPA, F	RITAN CIRCLE FL 33617 US		
FEI Numbei	r: 11-3722424 FEI Number Applied For () FEI Number Not Applicable () Cer	tificate of Status Desired ()
Name and	d Address of Current Registered Agen	t: Name and Address of New	Registered Agent:
JOHNSOI 5158 PUR TAMPA, F	RIŤAN CIRCLE		
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office	or registered agent, or both,
SIGNATU	RE:		
	Electronic Signature of Registered	d Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Delete JOHNSON, ANN 5158 PURITAN CIRCLE TAMPA, FL 33617	Title: ()Cha Name: Address: City-St-Zip:	nge () Addition
Name: Address:	V () Delete MORALES, SANDRO A 87300 DORAL OAKS DRIVE, APT. 1423 TAMPA, FL 33617	Title: () Char Name: Address: City-St-Zip:	nge () Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MORALES, SANDRO A 87300 DORAL OAKS DRIVE, APT. 1423	Name: Address: City-St-Zip:	nge () Addition
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	MORALES, SANDRO A 87300 DORAL OAKS DRIVE, APT. 1423 TAMPA, FL 33617 S () Delete LLANOS-MORALES, ROSA 87300 DORAL OAKS DRIVE, APT. 1423	Name: Address: City-St-Zip: Title: () Char Name: Address: City-St-Zip:	
Name: Address: City-St-Zip: Title: Name: Address:	MORALES, SANDRO A 87300 DORAL OAKS DRIVE, APT. 1423 TAMPA, FL 33617 S () Delete LLANOS-MORALES, ROSA 87300 DORAL OAKS DRIVE, APT. 1423 TAMPA, FL 33617 T () Delete WRIGHT, TIFFANY 7606 WILLOW PARK DRIVE	Name: Address: City-St-Zip: Title: () Challed Characteristics () Charac	nge () Addition

I hereby certify that the information supplied with this filing does not qualify 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: ANN JOHNSON PRES 04/29/2008