



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000007848 1. Entity Name SISTERS OF THE HEART OUTREACH, INC.						FILED 04 NOV 15 AM 11:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT <i>04</i>	
Principal Place of Business 805 W FRANKLIN ST DELAND, FL 32720				Mailing Address 805 W FRANKLIN ST DELAND, FL 32720			
2. Principal Place of Business 805 W. Franklin St		3. Mailing Address same					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State DeLand		City & State FL					
Zip 32720		Country US		Zip 32720		Country US	
4. FEI Number 80-0080969				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROSS, LASHONE 1679 BREWTON CIR DELTONA, FL 32738				7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Lashone Ross (Article Directors)</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11-9-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOLOMON, RUBY 805 W FRANKLIN ST DELAND, FL 32720 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PATRICK, BARBARA 808 W FRANKLIN ST DELAND, FL 32720 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LANE, MARY 558 W NEW HAMPSHIRE ST DELAND, FL 32720 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RHOME, PEGGY 800 S BOUNDARY ST DELAND, FL 32720 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.				200042962552 11/23/04--01052--015 **70.00			
SIGNATURE: LASHONE ROSS (Article Directors) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11-9-04 386-523-8308 <small>Date Daytime Phone #</small>			