

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000697

FILED  
Apr 18, 2005  
Secretary of State

**Entity Name:** FORGOTTEN SOLDIERS OUTREACH, INC.

**Current Principal Place of Business:**

14065 SMITH SUNDY RD #8  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

14065 SMITH SUNDY RD #8  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:** 51-0493205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ST JOHN CORE & LEMME PA  
1601 FORUM PLACE STE 701  
DELRAY BEACH, FL 33446 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: PTD ( ) Delete  
Name: BAGGETT, LYNELLE  
Address: 14065 SMITH SUNDY RD #8  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VD ( ) Delete  
Name: BAGGETT, WILLIAM  
Address: 14065 SMITH SUNDY RD #8  
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD ( ) Delete  
Name: SIMMONS, LORA L  
Address: 7443 ATWOOD COURT  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: BEARD, SUZANNE  
Address: 5413 BONKY COURT  
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNELLE BAGGETT

PTD

04/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date