## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000000697

FILED Feb 26, 2007 Secretary of State

Entity Name: FORGOTTEN SOLDIERS OUTREACH, INC.

Current Principal Place of Business: New Principal Place of Business:

1114 N. FEDERAL HIGHWAY SUITE 2 & 3 BOYNTON BEACH, FL 33435

Current Mailing Address: New Mailing Address:

9770 S. MILITARY TRAIL SUITE B7-249 BOYNTON BEACH, FL 33436

FEI Number: 51-0493205 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

THOMAS A. ABBLETT, CPA

2424 N. FEDERAL HIGHWAY

SUITE 200

BOCA RATON,, FL 33431 US

JORGE A. SUAREZ JR.

13841 GERANIUM PLACE

WELLINGTON, FL 33414 US

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: JORGE A. SUAREZ, JR. 02/26/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:BAGGETT, LYNELLEName:CHAUNCEY, LYNELLE SAddress:1617 HAWTHORNE PLACEAddress:1650 HAWTHORNE PLACECity-St-Zip:WELLINGTON, FL 33414City-St-Zip:WELLINGTON, FL 33414

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SCHWARTZ, ELAINE
 Name:

 Address:
 9553 SHADYBROOK DRIVE
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33437
 City-St-Zip:

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SIMON, JEFFREY K
 Name:

 Address:
 11579 KNIGHTSBRIDGE PLACE
 Address:

 City-St-Zip:
 WELLINGTON, FL 33467
 City-St-Zip:

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BEARD, SUZANNE
 Name:

 Address:
 5413 BONKY COURT
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33415
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MOURING, C. ANNELIES
 Name:

 Address:
 4276 PINE HOLLOW CIRCLE
 Address:

 City-St-Zip:
 GREENACRES, FL 33463
 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: LYNELLE SUE CHAUNCEY PD 02/26/2007