	ANNUAL MENT # N0400000					FILED	
 Entity Nami SOUL HA . 	RVEST YOUTH OUTREAC	H CENTER, INC.			05 JA	AN 24 PH 12	21;
Principat Place 11017 TRACI JACKSONVILL		Mailing Address 11017 TRACI LYNN DF JACKSONVILLE, FL 32				TARY OF STATE ASSEE, FLORID	<u>,</u> <u>/</u>
2. Principal Pl 35112	ace of Business Winton DC	3. Mailing Address					
Suite, Apt.		Suite, Apt. #, etc.		01242005 (Chg-NP	CR2E037 (10/03))
City & State		City & State		4. FEI Number	<u>)51</u>		Applied For Not Applicable
Zip 3220		Zip	Country	5. Certificate of the		Fee Requi	
	6. Name and Address of Current	Registered Agent	Name	/. Name and Ad	dress of New	Registered Agent	
	CLARICE ACI LYNN DRIVE VILLE, FL 32218		Street Addro	ess (P.O. Box Number is	s Not Acceptab	ole)	
	TILL, I L JAA 10		City	··-		Zip Co	
8. The above	named entity submits this statement to	r the purpose of changing its	City s registered office or reg	gistered agent, or both, i	n the State of F	FL ^{Zip Cc} Florida, I am familiar wit	
 The above the obligati SIGNATURE _ 	named entity submits this statement fo ions of registered agent. Signature, typed or printed name of registered agent Filing Fee is \$61.25	and utle it applicable. (NOT		· · ·			h, and accept
 The above the obligati SIGNATURE _ 	named entity submits this statement fo ions of registered agent.	and uite it applicable. (NOT 9. Election Ca Trust Fund	S registered office or reg TE: Registered Agent signature re Ampaign Financing	iquired when reinstating) \$5.00 May Be Added to Fees	Fic	Florida. I am familiar wit Date Make check payable	h, and accept
8. The above the obligati SIGNATURE _	named entity submits this statement fo ions of registered agent. Signature, lyped or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2005	and uite it applicable. (NOT 9. Election Ca Trust Fund	s registered office or reg TE: Registered Agent signature re ampaign Financing Contribution.	stepsing when reinstating)	GES TO OFFIC	Florida. I am familiar wit DATE Make check payable orida Department of CERS AND DIRECTORS Change Change	h, and accept to State IN 10 :] Additio
 The above the obligati SIGNATURE - IO. TITLE NAME STREET ADDRESS 	named entity submits this statement for ions of registered agent. Signature, lyped or printed name of registered agent Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DIF D MORRIS, CLARICE 11017 TRACI LYNN DRIVE	and title it applicable. (NOT 9. Election Ca Trust Fund RECTORS	TE: Registered Agent signature regarmation Financing Contribution.	stepsing when reinstating)		Florida. I am familiar wit DATE Make check payable orida Department of CERS AND DIRECTORS Change Change	h, and accept to State IN 10 Addition
B. The above the obligati SIGNATURE - 10. 10. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	named entity submits this statement fo ions of registered agent. Signature, typed or printed name of registered agent Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF D MORRIS, CLARICE 11017 TRACI LYNN DRIVE JACKSONVILLE, FL 32218 D SAMPSON, MERCEDO 11017 TRACI LYNN DRIVE	and utle it applicable. (NOT 9. Election Ca Trust Fund RECTORS Delete	TE: Registered Agent signature regarmpaign Financing Contribution.	stepsing when reinstating)		DATE Make check payable orida Department of CERS AND DIRECTORS Change D10494 1001 **61	h, and accept
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