


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|   |   |  |  |
|---|---|--|--|
| <b>DOCUMENT # N0400000741</b><br>1. Entity Name<br><b>SOUL HARVEST YOUTH OUTREACH CENTER, INC.</b>  |   |   |  |
| Principal Place of Business<br>11017 TRACI LYNN DRIVE<br>JACKSONVILLE, FL 32218   |   | Mailing Address<br>11017 TRACI LYNN DRIVE<br>JACKSONVILLE, FL 32218  |  |
| 2. Principal Place of Business<br><i>3511e Winton Dr</i>  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |
| City & State<br><i>Jacksonville FL</i>  |   | City & State   |  |
| Zip<br><i>32208</i>   | Country   | Zip  | Country  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MORRIS, CLARICE<br>11017 TRACI LYNN DRIVE<br>JACKSONVILLE, FL 32218   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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.<br><br>SIGNATURE: <i>Clarice Morris</i>   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |   | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>   |  |
|   |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br>MORRIS, CLARICE<br>11017 TRACI LYNN DRIVE<br>JACKSONVILLE, FL 32218  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>400046010494</b><br>02/04/05--01011--001 **61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br>SAMPSON, MERCEDO<br>11017 TRACI LYNN DRIVE<br>JACKSONVILLE, FL 32218 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br>BAKER, MARLON<br>11017 TRACI LYNN DRIVE<br>JACKSONVILLE, FL 32218    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |  |
| SIGNATURE: <i>Clarice Morris</i>  |   | Date: <i>1-25-05</i> Daytime Phone #: <i>904-860-1521</i>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #   |  |

FILED  
05 JAN 24 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01242005 Chg-NP CR2E037 (10/03)

4. FEI Number *68-0579603* Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required