

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000741

1. Entity Name  
SOUL HARVEST YOUTH OUTREACH CENTER, INC.



FILED

06 FEB 13 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3516 WINTON DR  
JACKSONVILLE, FL 32208

Mailing Address  
3516 WINTON DR  
JACKSONVILLE, FL 32208

2. Principal Place of Business

3. Mailing Address

PO BOX 28314

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Zip

Country

Zip

Country

32226

02132006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
68-0579603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, CLARICE  
11017 TRACI LYNN DRIVE  
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name

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

*Clarice Baker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME MORRIS, CLARICE  
STREET ADDRESS 11017 TRACI LYNN DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE D ☐ Delete  
NAME SAMPSON, MERCEDO  
STREET ADDRESS 11017 TRACI LYNN DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE D ☐ Delete  
NAME BAKER, MARLON  
STREET ADDRESS 11017 TRACI LYNN DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *Dr. Clarice Baker* ☐ Change ☐ Addition  
NAME  
STREET ADDRESS *PO BOX 28314*  
CITY-ST-ZIP *Jacksonville FL 32226*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*200065383632*  
*02/22/06--01026--017 \*\*\$1.25*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*B 2/13/04*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Dr. Clarice Baker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #