


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. |

02132006 Chg-NP CR2E037 (11/05)

| | |
|--|--|
| City & State Jacksonville FL | City & State Jacksonville FL |
| Zip 32226 | Country |

| | |
|---|--|
| 4. FEI Number 68-0579603 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 (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 | <input type="checkbox"/> Delete |
| NAME MORRIS, CLARICE | |
| STREET ADDRESS 11017 TRACI LYNN DRIVE | |
| CITY-ST-ZIP JACKSONVILLE, FL 32218 | |
| TITLE D | <input type="checkbox"/> Delete |
| NAME SAMPSON, MERCEDO | |
| STREET ADDRESS 11017 TRACI LYNN DRIVE | |
| CITY-ST-ZIP JACKSONVILLE, FL 32218 | |
| TITLE D | <input type="checkbox"/> Delete |
| NAME BAKER, MARLON | |
| STREET ADDRESS 11017 TRACI LYNN DRIVE | |
| CITY-ST-ZIP JACKSONVILLE, FL 32218 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE Dr. Clarice Baker | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PO BOX 28314 | |
| STREET ADDRESS Jacksonville FL 32226 | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 Date _____ Daytime Phone # _____