

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003509

FILED  
May 05, 2008  
Secretary of State

**Entity Name:** FCPA OUTRIGGER OUTREACH INC.

**Current Principal Place of Business:**

1929 ARROWHEAD DR., NE  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

1929 ARROWHEAD DR., NE  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

FEI Number: 41-2142383      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

EDWARDS, JOHN  
1929 ARROWHEAD DR., NE  
ST. PETERSBURG, FL 33703      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: EPD      ( ) Delete  
Name: EDWARDS, JOHN  
Address: 1929 ARROWHEAD DR., NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: STD      ( ) Delete  
Name: EDWARDS, KATHY  
Address: 1929 ARROWHEAD DR., NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: VD      ( ) Delete  
Name: WILLIAMS, GLENNIS  
Address: 1925 GEORGIA AVE., NE  
City-St-Zip: ST. PETERSBURG, FL 33703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHY EDWARDS

STD

05/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date