2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N04000003827

Entity Name: DAUGHTER OF ZION OUTREACH INC.

Current Principal Place of Business:

3049 CLEVELAND AVENUE
SUITE 250K
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3049 CLEVELAND AVENUE
SUITE 250K
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 84-1644704 **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:

MILLWOOD, LEA
1210 SE 24 AVENUE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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: ED ( ) Delete
Name: MILLWOOD, LEA
Address: 1210 SE 24 AVENUE
City-St-Zip: CAPE CORAL, FL 33990

Title: P ( ) Delete
Name: FINNIE, SHERICE
Address: 1827 SE 13TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

Title: V ( ) Delete
Name: WALKER, WENDY
Address: 1207 DUNNDALE STREET
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T ( ) Delete
Name: MCEWEN, LYNN
Address: 6050 PGA DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition
Name: MILLWOOD, LEA
Address: 1305 SW 18 AVENUE
City-St-Zip: CAPE CORAL, FL 33991

Title: M (X) Change ( ) Addition
Name: MAGNESS, SHERRY
Address: 2104 SW 52ND LANE
City-St-Zip: CAPE CORAL, FL 33914

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

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

Title: M ( ) Change (X) Addition
Name: NAVARRE, CAROLYN
Address: 3103 MARKET STREET
City-St-Zip: FORT MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify for the 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: LEA MILLWOOD ED 05/01/2006

Electronic Signature of Signing Officer or Director — Date