


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000004883</b> 1. Entity Name <b>TAMPA BAY OUTREACH, INC.</b>	
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Principal Place of Business <b>1417 HOLLAND AVENUE TAMPA, FL 33612</b>	Mailing Address <b>1920 MERIDEL AVE TAMPA, FL 33612</b>
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07062006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3744983</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>JACKSON, KA SHON 1917 E HOLLAND AVED TAMPA, FL 33612</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUSTIN, SAUGHANTO 1417 HOLLAND AVENUE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATRICH, PERRY 1417 E HOLLAND AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, KASHON 1417 HOLLAND AVENUE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACEO AUSTIN, QUEEN 1417 HOLLAND AVENUE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/18/06-80006-002 70.00

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IN THIS SPACE**

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: Saughanto Austin Saughanto Austin 7-5-06 813-300-6274  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #