

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N04000005768

1. Entity Name
**LIFELINE OUTREACH INTERNATIONAL COMMUNITY
DEVELOPMENT CORPORATION**



Principal Place of Business
**755 ACORN ST
JACKSONVILLE, FL 32209**

Mailing Address
**755 ACORN ST
JACKSONVILLE, FL 32209**



04282007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1206019

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, BRUCE B DR
755 ACORN ST
JACKSONVILLE, FL 32209**

**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

Bruce B. Phillips

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

(NOTE: Registered Agent signature required when reinstating)

4-28-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PHILLIPS, BRUCE B DR
STREET ADDRESS 3428 PHOENIX AVE
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE VD
NAME PHILLIPS, MATTIE
STREET ADDRESS 3428 PHOENIX AVE
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE SD
NAME JOHNSON, PATRICIA
STREET ADDRESS 4218 SPRINGFIELD BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE TD
NAME BRADLEY, JESSE
STREET ADDRESS 1980 W 3RD ST
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000747561
05/17/07-80029-018 61.25

**DO NOT WRITE
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: *Dr Bruce B. Phillips Dr Bruce B. Phillips*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-07

DATE

904-2480540

Daytime Phone #