


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000005768</b> 1. Entity Name <b>LIFELINE OUTREACH INTERNATIONAL COMMUNITY DEVELOPMENT CORPORATION</b>	
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Principal Place of Business <b>755 ACORN ST JACKSONVILLE, FL 32209</b>	Mailing Address <b>755 ACORN ST JACKSONVILLE, FL 32209</b>
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**DO NOT WRITE IN THIS SPACE**



04262008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-1206019</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>PHILLIPS, BRUCE B DR 755 ACORN ST JACKSONVILLE, FL 32209</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 **4-25-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, BRUCE B DR 3428 PHOENIX AVE JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILLIPS, MATTIE 3428 PHOENIX AVE JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, PATRICIA 4218 SPRINGFIELD BLVD JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRADLEY, JESSE 1980 W 3RD ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/27/08-80077-003 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: Bruce B. Phillips** **4-25-08** **RD4-248-0540**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #