2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2007
Secretary of State

DOCUMENT# N04000009837

Entity Name: TOP OF THE BOTTOM OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

2924 MISSION RD.
PENSACOLA, FL 325053917

New Principal Place of Business:

Current Mailing Address:

2933 MICHAEL DRIVE
PENSACOLA, FL 325053917

New Mailing Address:

FEI Number: 59-3453724 **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:

WILLIAMS, WILLIE
2933 MICHAEL DRIVE
PENSACOLA, FL 325053917 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:	D	( ) Delete
Name:	STRAUGHN, SUE	
Address:	4990 MOBILE HWY	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	D	( ) Delete
Name:	BULLOCK, ELLIS W	
Address:	730 BAYFRONT PKWY	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	D	( ) Delete
Name:	COLLIER, LACEY	
Address:	1 NORTH PALAFOX STREET	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	D	( ) Delete
Name:	RAMOS, TAMELA	
Address:	11000 UNIVERSITY PKWY BLDG 53 RM 221	
City-St-Zip:	PENSACOLA, FL	
Title:	DT	( ) Delete
Name:	STARRATT, JOANN	
Address:	2662 SHERRILANE DRIVE	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	D	( ) Delete
Name:	ODOM, C. WAYNE	
Address:	1725 EAGLE TERRACE	
City-St-Zip:	CANTONMENT, FL 32533	

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:	
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: WILLIE WILLIAMS PRES 05/06/2007
Electronic Signature of Signing Officer or Director — Date